

~Complete The Following~

We recommend using Adobe Acrobat or Reader to complete this form REQUESTING

| Name of Board/Association: | | | OLSTING | | | | | |
|---|-----------------------|-------------------------------|----------------|---------------------|------------------------------|---------------|------------|--|
| Name of Contact: | | | Tit | e: | | | | |
| Address: | | | | | | | | |
| City: | | | | | | | | |
| Phone: | | | | | | | | |
| | | | CEPTING | | | | | |
| Candidate Name: | | | | | | | | |
| Candidate Name: Candidate Address: | | | | | | | | |
| City: | | | | | | | | |
| • | | | | Email: | | | | |
| Political Party: | | | | | | | | |
| - | • | | | District #: | | | | |
| Date of Election: | | | | | | | | |
| Local Level: County City | | | | Type of Election: | | | | |
| Opportunity Race? Yes No | Difficu | Ity of Race: Hi | igh Low | • • | • | | Yes No | |
| If using PACs beyond RPAC plea | se explain: | | | | | | | |
| Are other Realtor Associations affe Have they screened this race? Do they agree with your recommer General comments: | Yes | No | No | | | | | |
| Check Payable To: Mail Check To: | | | | | _ Date of Rec | quest: | | |
| Request for Recommendation From | m• | | | | _ | | | |
| Date Approved by Board of Direct | - | | | | | | | |
| Duce Apploved by Dould of Direct | <u> </u> | | PROVALS | | | | | |
| | | API | ROVALS | | | | | |
| Board/Association President | es No | Signature: (Keep on File) | | | | Date: | | |
| District RPAC Trustee: Y | es No | Signature: | | | | Date: | | |
| Please email your co | nple <u>ted for</u> r | n with <u>all signature</u> | es required to | your Regional Gover | nment Affairs I | Director : | | |
| nessa Casanova (Senior Political Dire enessac@floridarealtors.org • 305-479- | ector) | Nathan G nathang@floridare | reene (Northe | ast) 6-920-9846 | Lily lilyo@florida | Oliveros - (S | 786-942-21 | |

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