

Sam Byrne  
Bob Crowe  
David Gasson  
Woody Kaplan  
& Jack Manning

Invite you to join special guests

**SENATOR TOM CARPER  
SENATOR JOE DONNELLY  
& SENATOR ED MARKEY**

For a luncheon benefiting the

**Democratic Senatorial Campaign Committee**

Monday, December 14<sup>th</sup>  
12:00 pm – 1:00 pm

Nelson Mullins  
One Post Office Square  
30<sup>th</sup> Floor  
Boston, MA

Suggested Contributions  
Host: \$33,400 per person  
Sponsor: \$10,000 per person  
Guest: \$1,000 per person

For further information or to RSVP, please contact  
Katie Petrelius at [Petrelius@dscc.org](mailto:Petrelius@dscc.org) | (202) 545-3528

Contributions or gifts to the DSCC are not tax deductible.

Paid for by the DSCC, [www.dscc.org](http://www.dscc.org), and not authorized by any candidate or  
candidate's committee.

# Monday, December 14, 2015 | Boston, MA

- I would like to attend the DSCC event with a contribution of \$33,400 per person.
- I would like to attend the DSCC event with a contribution of \$10,000 per person.
- I would like to attend the DSCC event with a contribution of \$1,000 per person.
- I am unable to attend the DSCC event, but would like to support the DSCC with a contribution of \$\_\_\_\_\_.

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To contribute by personal credit card via our secure website, please contribute online at:  
[www.dscc.org/northeast](http://www.dscc.org/northeast)

Please make checks payable to "DSCC" and mail with this completed form to:  
The Democratic Senatorial Campaign Committee c/o Katie Petrelius  
120 Maryland Avenue, NE | Washington, D.C. 20002  
Or fax this completed form to 202-969-0390

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Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer for individuals whose contributions exceed \$200 in a calendar year.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

\*\*\*\*\*

Visa  American Express  MasterCard

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

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