



HOSTS

DOY HENLEY BUCK JOHNS
JOLYNN MAHONEY SUPERVISOR DON WAGNER

WITH SPECIAL GUEST

ASSEMBLYMAN BILL ESSAYLI

VIP GUEST ATTENDEES

ORANGE COUNTY BOARD OF SUPERVISORS CHAIRMAN DON WAGNER
FORMER STATE SENATE GOP LEADER, CURRENT SENATE GOP VICE CHAIR SHANNON GROVE
FORMER STATE SENATE GOP LEADER DICK ACKERMAN
FORMER STATE SENATE GOP LEADER PAT BATES
FORMER STATE SENATOR MIKE MORRELL
FORMER STATE SENATOR, CURRENT HUNTINGTON BEACH MAYOR TONY STRICKLAND

WEDNESDAY, NOVEMBER 1

6:00 UNTIL 8:00 PM

AT THE OFFICE OF
BUCK JOHNS

3501 JAMBOREE ROAD, SOUTH TOWER, SUITE 606
NEWPORT BEACH, CA

By submitting this form, you hereby confirm that the following statements are true and accurate: 1) I am a United States Citizens or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another.

YES! I/We will join the team! Please list as follows: _____

___I/ We will contribute the **minimum of \$100 per person** for ___ticket(s).

___I/ We will contribute the **recommended amount of \$250 per person** for ___ticket(s).

___I/ We would like to serve as a **CO-HOST** and **raise/contribute \$1,000**. Please reserve ___ticket(s).

___I/We would like to serve as a **HOST** and **raise/contribute \$5,500**. Please reserve ___ticket(s).

I/We cannot attend but would like to contribute \$_____.

CORPORATE AND PERSONAL CONTRIBUTIONS ARE ALLOWED.

**An individual/entity may contribute now for the primary and general elections a total of \$11,000. A couple may contribute a total of \$22,000.*

Name _____ Spouse Name _____ Company Name _____

Street, City, State, Zip _____

Email _____ Office# _____ Home# _____ Cell# _____ Fax# _____

Occupation _____ Employer _____ Spouse Occupation _____ Employer _____

Signature(s) _____

Please make checks payable to: Crystal Miles for Senate 2024, FPPC#1460358, 1451 Quail Street, Suite 100, Newport Beach, CA 92660
For more information, please call Anne Hyde Dunsmore at (949)474-0123 or email @ adunsmore@cap-camp.com

Please charge my credit card  in the amount of \$_____.

Name on card: _____

Card # _____ CVV _____ Expiration Date _____

Billing address of card: _____

Contributions are not tax deductible for federal income tax purposes. State law requires us to collect and report the name, physical address, occupation, and employer of individuals who contributions aggregate \$100 or more. The maximum amount an individual or entity may contribute is \$5,500 per election. Personal and corporate contributions are accepted. Contributions from foreign nationals are not permitted.