



**POSEY**  
FOR CONGRESS FLORIDA DISTRICT 8

*PLEASE JOIN FORMER RACECAR DRIVER*

## **CONGRESSMAN BILL POSEY**

*For a Special Event to Benefit the Friends of Bill Posey Committee  
Florida District 8*



## **AMERICAN MUSCLE CAR MUSEUM**

LOCATED AT 3500 SARNO ROAD MELBOURNE FL 32934

**MONDAY, FEBRUARY 19, 2018**

**VIP RECEPTION - 6:00PM**

**GENERAL RECEPTION - 7:00PM-8:30PM**

**COME SEE ONE OF THE LARGEST PRIVATE COLLECTIONS OF AUTOMOBILES IN THE  
WORLD. OVER 260 CARS ON DISPLAY, VALUED AT OVER 33 MILLION DOLLARS!**

**(THIS MUSEUM IS NOT OPEN TO THE PUBLIC)**

**GENERAL ATTENDEE - \$100 INCLUDES GENERAL RECEPTION**

**VIP ATTENDEE - \$1,000 INCLUDES EARLY ACCESS RECEPTION & PRIVATE TOUR WITH  
CONGRESSMAN POSEY AND AMERICAN MUSCLE CAR MUSEUM OWNER MARK PIELOCH**

TO RSVP CONTACT AMBER STEIGERWALD  
(321) 750-5220 OR [AMBER@BILLPOSEY.COM](mailto:AMBER@BILLPOSEY.COM)

Paid for by Friends of Bill Posey

★ FRIENDS OF BILL POSEY REPLY FORM ★

**Yes! Bill can count on my/our support!:**

- ☐ Enclosed is my **MAXIMUM** contribution of \$2,700 or \$5,400 per couple
- ☐ Enclosed is my **VIP ATTENDEE** contribution of \$1,000
- ☐ Enclosed is my **GENERAL ATTENDEE** contribution of \$100

**Please make check(s) payable to: "Friends of Bill Posey"**

Attention: Amber Steigerwald

P.O. Box 411486 Melbourne, FL 32941-1486

Or visit [www.BillPosey.com](http://www.BillPosey.com) to make a Secure Online Donation

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in an election cycle.

Name: Prefix: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

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

My signature below attests that this contribution is made by **check** or **credit card** from my personal funds and is not drawn on an account maintained by an incorporated entity. I am a US Citizen or permanent resident and this contribution will not be reimbursed by another person. In order for a contribution from a joint account to be attributed equally to two individuals, both individuals must sign this form.

**Signature:** \_\_\_\_\_

**Spouse Contributor Information for Joint Contributions**

Name: Prefix: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname: \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Email: \_\_\_\_\_

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

If this contribution is intended to be a contribution from a couple, signature of spouse must be provided.

**Signature:** \_\_\_\_\_

**Credit Card Contributions: (please check one)**

☐ VISA

☐ MasterCard

☐ American Express

☐ Discover

Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_

Contributions are not deductible for federal income tax purposes. Federal Election Law requires us to use our best efforts to collect and report the name, address, occupation, and employer for contributions that aggregate in excess of \$200 in an election cycle. The maximum an individual may contribute is \$2,700 per election, with the primary and general elections treated separately. Federal multi-candidate PACs may contribute \$5,000 per election as above. Contributions from corporations, labor organizations, federal government contractors, and foreign nationals without permanent residency status ("green cards") are prohibited.

**Solicitor: AMCA**

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**Event Code:**