



OKHUPAC Disbursement Request Form

+++ *MUST BE A CURRENT CONTRIBUTING MEMBER* +++

From: _____ Tele: _____

Address: _____ Email: _____

_____ Date Submitted: _____

Contribution to: _____

Oklahoma District: _____ Amount: _____

Are you a constituent? YES NO

Candidate Contact Information:

Name: _____ Tele: _____

Email: _____

Does this request need immediate response? YES NO

Please state why OSAHU should support this candidate:

FAX completed form to OSAHU Legislative Chair; contact information can be found at www.osahu.org/committeechairs).

Action taken by OKHUPAC: Date Responded to Requestor: _____
Approved \$ _____ Date Check Mailed _____ Check # _____