



**MIKE
LINDELL
FOR GOVERNOR**

Thank you for supporting my candidacy for Governor. To comply with Minnesota Campaign Finance Laws, I must supply the following information to the Minnesota Campaign Finance Board.

**Make checks payable to Mike Lindell for Governor.
Please return this card with your contribution.**

**Maximum contribution allowable is \$4,000 per person
Corporate contributions are prohibited**

Contributor's Name:

Address:

City, State, Zip:

Phone:

Employer:

Amount of Contribution: \$ _____

Please return card with check to:

Mike Lindell for Governor

PO BOX 33

St. Boni, MN 55375



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