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Drs. Josephine & John Templeton
and
Governor William Scranton
Governor Dick Thornburgh
Governor Thomas Ridge
Governor Mark Schweiker

With Special Guests

Hon. Arlen Specter	Hon. Philip English
Hon. John Peterson	Hon. Jim Gerlach
Hon. Bill Shuster	Hon. Charles Dent
Hon. Joseph Pitts	Hon. Timothy Murphy
Hon. Todd Platts	

and

Hon. Tom Corbett	James McErlane
Christopher K. Gleason	Hon. John M. Perzel
Robert A. Gleason, Jr	John L. Silvi
Manuel N. Stamatakis	

Renee J. Amooore
Nayla R. Aneed
Bruce Barclay
Drs. Sabina & Raza Bokhari
Glenda & Skip Brion
Dolores M. Broderick
Nancy & Ken Davis
Nick DeBenedictis
Vito Canuso, Jr.
Marc A. Curillo
David F. Girard-diCarlo

Elaine & Bruce Hooper
Dr. Inayatullah H. Kathio
Susan & Thomas McGrath
Patricia K. Poprik
Robert L. Pratter
W. Greg Rothman
Jeffrey Rotwitt
Diane L. Slifer
Barbara & Leonard Sylk
Leo P. Vergnetti
Hosts at the time of printing

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MONDAY, OCTOBER 29, 2007

Yes, I/we will attend this Special Reception at \$1,000 per person. Enclosed is my contribution of \$_____.

Yes, I would like my photo taken with the President. Enclosed is my contribution of \$_____ for each photo op at \$10,000 per photo.

No, I am unable to attend but enclosed is my contribution of \$_____ to support the Victory efforts in Pennsylvania.

Name	Date of Birth	Social Security Number
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Make checks payable to: Republican Federal Committee of PA - Victory 2008
717 North Second Street, Harrisburg, PA 17102

R.S.V.P. or Questions to: Nadine Maenza 610-948-4111

Please list attendees on a separate sheet of paper and include full name, date of birth and social security number for each person attending.

Contributions are not deductible for federal income tax purposes. Contributions from corporations and foreign nationals are prohibited.

Federal law requires us to obtain 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.

Full Name: _____	Salutation: _____
Address: _____	Spouse Name: _____
City: _____	State/Zip: _____
Occupation: _____	Home Phone: _____
Employer: _____	Work Phone: _____
Email: _____	Fax No.: _____
SIGNATURE: _____	

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

Full Name: _____	Salutation: _____
Occupation : _____	Employer: _____
SIGNATURE: _____	

Credit Card Contributions (must be personal, not corporate)

Credit Card (Visa, MasterCard & Amex accepted)	Exp. Date	Amount of Donation
Cardholder Name	Signature	