

**Physical Assistance Statements:**

Physical Assistance Statements shall disclose all donations. Individuals are not required to be listed out by name and UCF Registered Student Organizations (RSO's) are not required to be listed by name, however, Non-UCF organizations must be listed by name. Addresses and Phone Numbers must be filled out for Non-UCF organizations ONLY.

No physical assistance shall be accepted directly or indirectly from any Political Action Committees, or similar organizations with political motivations, non-profit organizations including but not limited to 501(C) and 527 organizations, nor any Non-UCF students, staff, and/or faculty representing the interests of those organizations.

Physical assistance statements shall be submitted to the Supervisor of Elections via email no later than 11:59 p.m. each Sunday of the campaign period. Final physical assistance statements shall be submitted to the Supervisor of Elections via email no later than 11:59 p.m. on the Sunday before the election.

**UCF Individuals or Organizations:**

- 1. Name: "Individual 1" or "RSO 1" Amount: \$ 100
- 2. Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- 5. Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Non-UCF Organizations:**

- 1. Name: Walmart (Example) Amount: \$ 500  
Address: 11250 E Colonial Dr, Orlando, FL 32817 Phone: (XXX) XXX-XXXX
- 2. Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*Based on the submission, I do hereby swear or affirm that the above list of contributions is representative of my total of contributions received during this week of my campaign for Student Government office.*

Name: \_\_\_\_\_

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