



# Mary Ann Shallcross Smith

State Representative ★ Democrat ★ District 46 ★ Lincoln/Pawtucket

Name \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Contribution Amount \$ \_\_\_\_\_

I confirm that following statements are true and accurate:

- 1) I am a United States Citizen or a permanent resident alien.
- 2) I am least 18 years of age

Signature \_\_\_\_\_

**Please make personal checks payable to:**

**Friends of Mary Ann Shallcross Smith  
6 Twin River Road  
Lincoln, RI 02865**

Rhode Island State Law limits contributions to \$1,000 per person, per calendar year.