★ ELECTION SEASON 2026 ★ GET OUT THE VOTE ★ ELECTION DAY · TUESDAY, NOVEMBER 3 ★

LATRICE M WALKER
NYS ASSEMBLY
55th DISTRICT

NYS ASSEMBLYWOMAN

LATRICE M. WALKER, ESQ.

GOTV FUNDRAISER

FRIDAY, OCTOBER 30TH ★ STARTING AT 6:00PM

Da Kich'n Restaurant & Lounge

2225 TILDEN AVENUE ★ BROOKLYN, NY ★ 6:00 – 9:00 PM

SUGGESTED CONTRIBUTIONS

COMMUNITY LEADER $55	SUPPORTER $100	SPONSOR $250
CO-HOST $500	HOST $1,500	CHAIR $3,000

SCAN TO DONATE

Give securely online via ActBlue — or visit:

secure.actblue.com/donate/lmwgotv2026

MAKE CONTRIBUTIONS PAYABLE TO:

Re-Elect Assembly Member Latrice Walker
9 Greenway Drive, Farmingdale, NY 11735

MAIL TO:

c/o TLM Strategic Advisors
770 Hancock St #1, Brooklyn, NY 11233

Questions? Email ross@mrosswilliams.com or call (901) 581-0303.

PAID FOR BY RE-ELECT ASSEMBLY MEMBER LATRICE WALKER COMMITTEE

LATRICE M WALKER
NYS ASSEMBLY
55th DISTRICT

GOTV FUNDRAISER · REPLY CARD

CONTRIBUTION FORM

Friday, October 30th · 6:00 – 9:00 PM · Da Kich'n Restaurant & Lounge
2225 Tilden Avenue, Brooklyn, NY

1 · CONTRIBUTOR INFORMATION

FIRST NAME _____ LAST NAME _____

STREET ADDRESS / APT. _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

EMPLOYER _____ OCCUPATION _____

2 · CONTRIBUTION LEVEL

- ☐ COMMUNITY LEADER **$55**
- ☐ SUPPORTER **$100**
- ☐ SPONSOR **$250**
- ☐ CO-HOST **$500**
- ☐ HOST **$1,500**
- ☐ CHAIR **$3,000**
- ☐ OTHER AMOUNT $ _____

3 · HOW TO GIVE

☐ **By check.** Make payable to **Re-Elect Assembly Member Latrice Walker**, 9 Greenway Drive, Farmingdale, NY 11735.

☐ **Online.** Scan the QR code or visit the ActBlue link to give by card — never write card numbers on this form.

MAIL FORM & CHECK TO:
c/o TLM Strategic Advisors
770 Hancock St #1, Brooklyn, NY 11233

SCAN TO DONATE
secure.actblue.com/donate/lmwgotv2026

Please note: Contributions are not tax-deductible for federal or New York State income tax purposes. Contributions are subject to applicable New York State election law limits and disclosure requirements. Please print clearly — the committee is required to collect name, address, employer and occupation information.

SIGNATURE _____ DATE _____