

## MyREALTOR® Party Issue Mobilization Funding Application Form

I. Funds Requested By (Member Board or Oregon REALTORS® Committee): Date Submitted:									
Name of Local President, AE, or EO:			Signature of Local President, AE, or EO:						
II. Contact:			III. Check Addressee						
Contact Person/Title:			Campaign Name / Bank Account:						
Contact Phone:			Contact Phone:						
Street:			Street						
Stieet.			Sheet						
City:	State:	Zip:	City		State	Zip			
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IV. Impact Assessment:									
Impact:		Statev	vide	Local					
Position:		Support Of			ppose				
Funds Requested:	\$								
Local Contribution:	Local Contribution: \$								
V. Official Name of Proposal (Local Code, Ballot Measure, Other):									
VI. Describe the issue, how it originated and its current status:									
VII. Appraise the significance of the Issue as it relates to the real estate industry:									
(Not Much) 1 2	3	4	5 6 7	8 9	_10 (Very)				
VIII. Describe why you have rated the issue this level:									
IX. Assess the likelihood of the issue passing for failing:									
X. What is your proposed course of action:									
XI. What are the overall assessed costs of the campaign (entire campaign):									
XII. Are you the primary advocate:			YE	5	<u> </u>				
XIII. List Coalition Members: XIV. List Opposition Members:									
1.	1.								
XV. Other (special instructions, timelines, etc.):									

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Official Use Only:								
Action Taken, MyREALTOR PAR	Approve	Reject		Date:				
Action Taken, Exec. Committee	Approve	Reject		Date:				
Funding Approved:	Funding Approved:		Check Date					
Check Number		Date Mailed/Delivered:						