

# LB REFORM COALITION PAC

## CONTRIBUTION FORM

The following information is required by California State laws for **all** contributions.  
We are **prohibited** from depositing any check without this information.

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

Street Address (No PO Boxes): \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

If Business, Responsible Officer's Name: \_\_\_\_\_

If Self-Employed, nature of business: \_\_\_\_\_

If Political Action Committee, ID number: \_\_\_\_\_

Amount of Check: \$ \_\_\_\_\_ **Date** \_\_\_\_\_ **Personal** \_\_\_ **Business** \_\_\_

This information is optional for reporting purposes:

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### CREDIT CARD INFORMATION

\*BOTH SECTIONS MUST BE COMPLETED FOR CREDIT CARD CONTRIBUTIONS.  
PLEASE PRINT CLEARLY

Name on Card: \_\_\_\_\_

Street Address on Bill: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_

3 or 4 Digit Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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

**Master Card** \_\_\_ **VISA** \_\_\_ **American Express** \_\_\_ **Discover** \_\_\_

**Personal** \_\_\_\_\_ **Business** \_\_\_\_\_

Please make checks payable to:

### LB REFORM COALITION PAC

MAIL TO: Political Reporting Plus, 1 W. Manchester Blvd., Suite 700, Inglewood, CA 90301

Corporate and individual contributions are accepted. Contributions of \$100 or more made in cash, by cashier's check or money order are prohibited. Contributions to this committee are **not** considered charitable contributions for tax purposes.

Paid for by **LB REFORM COALITION PAC, FPPC ID#1482599**