

RECEIPT – QUALIFIED CONTRIBUTION FOR FAIR ELECTIONS FUNDS

Complete required fields.

COMMITTEE INFORMATION - required				
COMMITTEE NAME				
CANDIDATE INFORMATION - required				
THIS CONTRIBUTION IS MADE ON BEHALF OF THE FOLLOWING CANDIDATE				
CONTRIBUTION INFORMATION				
Amount: \$	☐ Check	☐ Credit/Debit	☐ Money Order	☐ Online Payment ☐ Cash
CONTRIBUTOR INFORMATION - required				
LAST		FIRST		M.I.
HOME ADDRESS			APARTMENT/SUITE/FLOOR	
CITY		STATE	ZIP CODE	
TELEPHONE (if any)		EMAIL ADDRESS (if any)		
To comply with reporting requirements, individuals must provide occupation and employer. If you are not employed, indicate what best describes your employment status (e.g., "homemaker," "student," "retired," or "unemployed"). If self-employed, enter the name of the business and city of employment.				
OCCUPATION		EMPLOYER/IF SELF EMPLOYED ENTER BUSINESS NAME AND CITY		
CERTIFICATION - required				
I understand that the purpose of this contribution is to help the above-named candidate qualify for Fair Elections campaign funding as prescribed by the Berkeley Charter, Article III (Elections) and Berkeley Municipal Code Chapter 2.12 (Election Reform Act). I have made this contribution without coercion or reimbursement. I certify that I am a Berkeley resident.				
CONTRIBUTOR SIGNATURE			DATE	

COMMITTEE USE ONLY
Place one of the following images here: • Check • Credit Card Slip or Receipt • Online Payment Receipt • Cash or Money Order Receipt