



Healthy California - Senator Bill Monning

BALLOT MEASURE COMMITTEE

CONTRIBUTION FORM

REQUIRED

Name* _____

Address* _____
Individuals: Please provide the address where you live. *Organizations:* Physical address. Please add mailing address below.

City* _____ State* _____ Zip* _____

Occupation* _____ Employer* _____
Individuals Please Provide Occupation & Employer.

Contact Person* _____ FPPC ID #* _____
Organizations Please Provide Contact Person & FPPC ID #.

*The indicated information above is **required** by California election law.

OPTIONAL

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

CONTRIBUTE ONLINE: <https://secure.actblue.com/entity/fundraisers/56383>

CHECK ENCLOSED TO: *HEALTHY CALIFORNIA - SENATOR BILL MONNING BALLOT MEASURE COMMITTEE*

Amount: \$ _____

PLEASE MAIL YOUR CHECK TO:

**HEALTHY CALIFORNIA - SENATOR BILL MONNING
BALLOT MEASURE COMMITTEE
1211 L STREET, SUITE 211
SACRAMENTO, CA 95814**

CHARGE MY CREDIT CARD: VISA American Express MasterCard Discover Card

Card #: _____ Exp. Date: _____ Code #: _____

Name on Card: _____ Billing Zipcode: _____

Amount: \$ _____ Date: _____

Office Use Only

Signature: _____

***Info required, disclosure.** Thank you for providing the legally required information indicated above. Cumulative contributions of \$100 or more are disclosed in campaign finance filings with the State of California Fair Political Practices Commission (FPPC). Contributions are not deductible for tax purposes. There are no limits on contributions to ballot measure committees such as Healthy California.

Registered Committee Name:
Healthy California - Senator Bill Monning Ballot Measure Committee. FPPC ID #1393802
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