



CAMPAIGN CONTRIBUTION FORM

1219 E. Mardina St.
West Covina, CA 91790

www.voteforbennett.com

626-625-7400

Name *(First & Last)*: _____

Address: _____

City: _____ **State**: _____ **Zip**: _____

Email: _____ **Phone**: (_____) _____

Employer *(If Self Employed, Name of Business)*: _____

Occupation: _____

The Fair Political Practices Commission (FPPC) of California requires us to obtain your occupation and employer before we deposit your contribution. All donations of \$100 or more are required to be reported to the State of California

<p>Contribution Amount: <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$ _____</p> <p><input type="checkbox"/> CASH <input type="checkbox"/> CHECK <i>(Payable to "Bennett For City Council 2020")</i></p> <p><i>All contributions to a City of West Covina Candidate are limited to \$500 from individuals, businesses and Political Action Committees in any calendar year. Contributions are not tax deductible.</i></p>
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Please indicate below if you can assist my campaign with any of the following:

- Yard Sign
- Precinct Walking
- Phone Calls