

# Townsend for Supervisor 2022

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## CONTRIBUTION FORM

Name of Contributor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

(Name of Business if self-employed)

Services / Items Contributed: \_\_\_\_\_

Date of Contribution: \_\_\_\_\_ Total Value: \_\_\_\_\_

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

All contributions are subject to FPPC / FEC limits and guidelines  
Contributions are not deductible for California or Federal Income Tax Purposes