CAMPAIGN CONTRIBUTION FORM

Lisa Barry for Shasta County Office of Education Trustee, Area 2

Lisa4Education.com

Committee ID #1495271

Contributor Information

Full Name _____

Street Address _____

City / State / ZIP _____

Email (optional) _____

Phone (optional) _____

Employment Information

California campaign reporting requires occupation and employer information when an individual's contributions total $100 or more. Providing it with every contribution helps the campaign maintain complete records.

Occupation _____

Employer _____

If self-employed, business name _____

Contribution

Amount $_____ **Date** _____

Payment Check **Check #** _____

Please make checks payable to: **Lisa Barry for SCOE Trustee, Area 2**	**Mail completed form and check to:** **Lisa4Education** P.O. Box 114 Burney, CA 96013

Contributor Certification

I certify that this contribution is made from my own funds and is not being reimbursed by another person. The information provided above is accurate to the best of my knowledge.

Signature _____ **Date** _____

Campaign recordkeeping note: California requires committees to maintain the contributor's full name, street address, occupation, and employer for contributions totaling $100 or more. If required information is not obtained within 60 days of receipt, the contribution must be returned.

Paid for by Lisa Barry for Shasta County Office of Education Trustee, Area 2 - Committee ID #1495271