



## CONTRIBUTOR RESPONSE FORM

**THE FOLLOWING INFORMATION IS REQUIRED:**

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

If contribution is from a corporation, name of contact: \_\_\_\_\_

Street Address (No P.O. Box is permitted): \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Occupation (if contributor is an individual): \_\_\_\_\_  Retired

Employer (if contributor is an individual): \_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

Please make checks payable to and mail to:

**California Jobs Initiative  
FPPC ID: 1323890  
1321 7<sup>th</sup> Street, Suite 205  
Santa Monica, CA 90401**

**Questions? (866) 247-0911**

\*Contributions to the California Jobs Initiative Committee are not tax deductible. Contributions are not subject to limit. Contributors may have reporting requirements under California law. Information regarding these requirements may be found at [www.fppc.ca.gov](http://www.fppc.ca.gov)

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Phone: 866-247-0911 | Fax: 916-329-7404 | [www.jobs2010ca.com](http://www.jobs2010ca.com) | [info@jobs2010ca.com](mailto:info@jobs2010ca.com)

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