



Donation Card

Donor Information (please print or type)

The information is required to be collected by a candidate per FPPC rules. If you are self-employed, please list the name of the company. Please list your line of work and or type of business.

Full Name _____

Email (optional) _____

Address _____

City _____ State _____ Zip Code _____

Occupation _____

Employer _____

Donation amount:

\$10 \$25 \$50 \$100 \$500 \$1000 Other \$_____

Yes, display my name under endorsements on Christian's website

Yes, I would be happy to display a campaign sign for Christian (\$25 donation requested).

Signature(s)

Date

Please make checks payable to: Christian Patz for Emeryville City Council 2016

Paid for by Christian Patz for Emeryville City Council 2016, FPPC # 1386641

P.O Box 99004 Emeryville, CA 94608

www.crpatz.com

