

**COMMITTEE SUPPORTING THE RECALL OF
COUNCILMEMBER JEANNINE PEARCE
ID# 1398531
CONTRIBUTION FORM**

The following information is required by California State laws for **all** contributions.
We are **prohibited** from depositing any check without this information.

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Street Address: _____

City/State/Zip Code: _____

Occupation: _____

Employer: _____

If Self-Employed, nature of business: _____

If Political Action Committee, ID number: _____

Amount of Check: \$ _____

This information is optional for reporting purposes:

Home Phone: _____ Business Phone: _____

Email: _____

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CREDIT CARD INFORMATION

*BOTH SECTIONS MUST BE COMPLETED FOR CREDIT CARD CONTRIBUTIONS.
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Street Address on Bill: _____

City/State/Zip Code: _____

Card Number: _____

3 or 4 Digit Code: _____ Expiration Date: _____

Amount: \$ _____

Signature: _____

Master Card _____ *VISA* _____ *American Express* _____ *Discover* _____

Personal _____ *Business* _____

Please make checks payable to:
COMMITTEE SUPPORTING THE RECALL OF COUNCILMEMBER JEANNINE PEARCE - ID# 1398531

MAIL TO: Political Reporting Plus, 111 N. La Brea Avenue, Suite 408, Inglewood, CA 90301.
Corporate and individual contributions are accepted.
Contributions to this committee are **not** considered
charitable contributions for tax purposes.