



For Official Use Only

Page ____ of ____

CAMPAIGN CONTRIBUTIONS DISCLOSURE REPORT

Multipurpose Organizations and/or City Contractors that make expenditures that are intended to influence the outcome of a Santa Clara local election for City offices and/or ballot measures, must report the source(s) of any contribution of One Hundred Dollars (\$100) or more made to the organization for such expenditures. (§2.130.340, Code of the City of Santa Clara).

Type of Report (check all that apply):

Initial Report Amendment to _____ filed on: _____

Organization/Committee/City Contractor

Organization/Contractor Name:	Committee ID #:
Name of Individual Filing Report:	Position Title:
Address: (Number and Street) (City) (State) (Zip Code)	Phone Number: ()
Mailing Address: (If different than above)	E-mail:

Contributor Information

Contributor's Full Name:	Date Contribution Received:
Contributor's Address: (Number and Street) (City) (State) (Zip Code)	Amount Received:
Contributor's Employer/Occupation:	Purpose of Expenditure: Support <input type="checkbox"/> Opposition <input type="checkbox"/>
Type of Expenditure:	
Candidate/Committee Name:	
Ballot Measure:	

Contributor Information

Contributor's Full Name:				Date Contribution Received:	
Contributor's Address: (Number and Street)		(City)	(State)	(Zip Code)	Amount Received:
Contributor's Employer/Occupation:				Purpose of Expenditure:	
				Support	Opposition
				<input type="checkbox"/>	<input type="checkbox"/>
Type of Expenditure:					
Candidate/Committee Name:					
Ballot Measure:					

Contributor Information

Contributor's Full Name:				Date Contribution Received:	
Contributor's Address: (Number and Street)		(City)	(State)	(Zip Code)	Amount Received:
Contributor's Employer/Occupation:				Purpose of Expenditure:	
				Support	Opposition
				<input type="checkbox"/>	<input type="checkbox"/>
Type of Expenditure:					
Candidate/Committee Name:					
Ballot Measure:					

Contributor Information

Contributor's Full Name:				Date Contribution Received:	
Contributor's Address: (Number and Street)		(City)	(State)	(Zip Code)	Amount Received:
Contributor's Employer/Occupation:				Purpose of Expenditure:	
				Support	Opposition
				<input type="checkbox"/>	<input type="checkbox"/>
Type of Expenditure:					
Candidate/Committee Name:					
Ballot Measure:					

Contributor Information

Contributor's Full Name:				Date Contribution Received:	
Contributor's Address: (Number and Street)		(City)	(State)	(Zip Code)	Amount Received:
Contributor's Employer/Occupation:				Purpose of Expenditure:	
				Support	Opposition
				<input type="checkbox"/>	<input type="checkbox"/>
Type of Expenditure:					
Candidate/Committee Name:					
Ballot Measure:					

VERIFICATION

I have reviewed the requirements of the provisions of the Santa Clara Municipal Code (Chapter 2.130.040). I certify under penalty of perjury under the laws of the State of California that I have reviewed this Campaign Contributions Disclosure Report and to the best of my knowledge the information contained herein is true and complete.

Print Name: _____ Title: _____

Signature: _____ Executed on: _____

(original signature) (month, day, year)