

COMPASSION PAC CONTRIBUTION FORM

Thank you for your support of Compassion PAC. Please fill out the following information as required by state law:

Amount of contribution: _____

Name of Contributor: _____

Street Address (no PO boxes): _____

City, State and ZIP: _____

Occupation: _____

Employer (if self-employed, name of business): _____

Phone number: _____ E-mail: _____

Please make checks payable to and mail to:

Compassion PAC
400 Capitol Mall, Suite 1545
Sacramento CA 95814

Contributions to Compassion PAC, FPPC ID# 1425855 are not tax deductible for federal income tax purposes. Contributions are limited to \$7,800 per calendar year. Individuals, businesses, unions, and political action committees may all contribute. Contributions from foreign nationals not admitted for permanent residence (green card) and foreign corporations are prohibited.

Contributors to California state and local political committees, including the Committee, of \$10,000 or more in a calendar year will trigger their own campaign disclosure obligations.

Paid for by Social Compassion in Legislation PAC (aka Compassion PAC)