RIVERSIDE COUNTY DEMOCRATIC CENTRAL COMMITTEE MONETARY DONATION FORM (CHECKS ONLY, PLEASE)

DATE OF CONTRIBUTION:		
DATE OF CONTRIBUTION: AMOUNT: (CHECKS PREFERRED) DONOR: (FPPC or FEC ID NUMBER) ADDRESS: TELEPHONE: E-MAIL IF DONOR IS AN INDIVIDUAL OCCUPATION: EMPLOYER: IF DONOR IS A COMMITTEE: DESCRIPTION OF GOODS OR SERVICES DONATED:		
	DONOR:	
		(FPPC or FEC ID NUMBER)
ADDRESS:		
TELEPHONE:	E-MAIL	
IF DONOR IS AN INDIVIDU	J AL	
OCCUPATION:		
EMPLOYER:		
IF DONOR IS A COMMITT	EE:	
DESCRIPTION OF GOODS	OR SERVICES DONATED:	
FAIR MARKET VALUE:		

- THE FAIR MARKET VALUE IS WHATEVER IT WOULD COST TO OBTAIN THE DONATED GOODS OR SERVICES ON THE OPEN MARKET, AND NOT NECESSARILY THE COST TO THE DONOR OF PROVIDING THE GOODS OR SERVICES.
- PLEASE COMPLETE ALL INFORMATION. IT IS REQUIRED FOR OUR FILINGS TO THE FEC AND THE FPPC.

DISTRIBUTION

RETURN TO RCDCC CONTROLLER WITH YOUR DONATION.