

*State & Local Law REQUIRE the following info with your contribution OR YOUR CONTRIBUTION CANNOT BE ACCEPTED:*

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Occupation \_\_\_\_\_ If none, indicate "None".

Employer \_\_\_\_\_

or if Self-Employed, Name and full address (Street/City/State/Zip) of business

\_\_\_\_\_

Phone number (not required by law, but helpful if we must contact you) \_\_\_\_\_

Mail Check(s) and this form to FOLC, 1141 Catalina Way #263, Livermore CA 94550

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