

Yuri Hampton for D12 Supervisor 2020 FPPC ID #10212015

Contributor Card

Contributor's Full Name (please print): _____

Residential Street Address (no P.O boxes): _____

City/State/Zip: _____

Amount of Contribution: \$ _____ Date of Contribution: _____

Form of payment:

- Cash:** may not exceed \$99.99 (cash includes money orders and cashier/official/travelers checks)
- Check:** make check payable to "Yuri Hampton for D12 Supervisor 2020"
- Credit Card/Online payment system:** must be made on a personal credit card or debit card for which you have the legal obligation to pay, and is not made either on a corporate or business entity card or on the card of another person.

For donors of at least \$100 (cumulatively), the following information is also required:

Employer: _____ Occupation: _____

If you are self-employed, please list the name of the entity that is on your paycheck.

Please list your line of work. i.e. "Business Person" is not acceptable, please enter type of business instead.

We respectfully request that Partners of Partnerships and Members of LLC's contribute individually, instead of through respective business entities. Only contributions received from SF residents are eligible to be matched with public funds.

By signing below and checking each of the boxes below, you confirm the following statements are true and accurate:

- My contribution is **not being reimbursed** by another person. (If you are not the true source of the contribution, inform us of the true source of the contribution.)
- My contribution is **not made by a corporation.**
- My contribution **does not exceed \$500.** Related entities (a business and its owner, partnerships with the same general partner, a parent company and its subsidiaries and other affiliated entities) are subject to a single, combined limit of \$500.
- I am **not a foreign national who lacks lawful permanent residence** in the United States.
- I am **not an owner, director, officer or named sub-contractor of any entity that is currently negotiating a contract(s)** valued at \$50,000 or more with [select appropriate: City and County of San Francisco, name of a City department, or the San Francisco Unified School District, the San Francisco Community College District, or board of a state agency that has a member who is appointed by a City elective officer], or of any person/entity that received such a contract within the last six months.

Signature required of all contributors:

I understand that the law requires that a contribution be in my name and be from my own funds. I hereby affirm that I was not, nor, to my knowledge, was anyone else, reimbursed in any manner for this contribution; that this contribution is not being made as a loan; and that this contribution is being made from my personal funds or my personal account, which has no corporate or business affiliation.

X _____

Contributor's Signature

Date