

**Committee to Protect Small Cannabis Farmers
Sponsored by the Humboldt County Growers Alliance – FPPC# 1459847**

Contributor Information Form

Enclosed is my contribution of \$_____.

PLEASE HELP US COMPLY WITH CAMPAIGN LAWS BY COMPLETING THE FOLLOWING:

For Contributions from Individuals

- * Name of Individual: _____
- * Street Address (may not use a P.O. Box): _____
- * City, State, Zip: _____
- Daytime Phone: _____ E-mail Address: _____
- * Occupation/Title: _____ * Employer/Business: _____

An asterisk (*) indicates required information.

For Contributions from Businesses or Committees

- * Business/Committee Name: _____
- Contact Name: _____
- * Committee ID Number (for committees): _____
- * Street Address (may not use a P.O. Box): _____
- * City, State, Zip: _____
- Daytime Phone: _____ E-mail Address: _____
- *If Business is an LLC, Name of Responsible Officer: _____

An asterisk (*) indicates required information.

Please make checks payable to:
No HCRI

Please mail checks to:
No HCRI
P.O. Box 1404
Eureka, CA 95502

Contributions are not deductible for tax purposes. We may not accept contributions which have been reimbursed by another person unless you inform us of the true source of the contribution. Business, individual, or PAC contributions are acceptable.