Campaign Contribution Information Form

California Fair Political Practice Commission requires us to collect the following information from contributors for reporting purposes.

Date of Contribution _____
Contribution Amount _____
Full Legal Name _____
Street Address _____
City, State, ZIP _____
Email Address _____
Phone Number _____
Occupation _____
Employer _____

If political campaign donor is **self-employed or an LLC**, include:

Business Name _____
Managing Member/Owner _____

If political campaign donor represents an organization:

Organization Name _____
Type of Organization (Partnership, PAC, etc.) _____
Authorized Representative _____
Organization Address _____

Check Number: _____

I certify that this contribution is made from my own funds, is not provided by another person for the purpose of making this contribution, and I am legally permitted to contribute to this campaign.

Signature: _____ Date: _____

Mail completed form and check to

Nelson for Governor 2026
PO Box 10193
Santa Ana, CA 92711

Paid for by Nelson for Governor 2026