



CITY OF SOLVANG

Applicant/Interested Party Campaign Contribution Disclosure Form

1644 Oak Street | Solvang, CA 93463 | www.cityofsolvang.com | (805) 688-5575

APPLICANT/INTERESTED PARTY INFORMATION

Applicant Name:

Phone:

Email (required):

Representative/Agent:

Phone:

Email:

Mailing Address:

City:

State:

Zip:

Website:

Name and subject matter of applicant's proceeding:

CONTRIBUTION DISCLOSURE (GOVERNMENT CODE SECTION 84308)

Please list all contributions in excess of \$500 (either as a single payment or in aggregate) made within the past 12 months to officers of the agency involved in the above-mentioned proceeding by any parties (applicants) or their agents or representatives, including corporations, limited liability companies (LLCs), or other business entities and principals thereof, that are affiliated with the above-referenced proceeding. You may attach additional pages as necessary to list contributions made to involved agency officers and provide additional information about the contributor's relationship with the recipient.

Contributor Name:

Date of Contribution

Recipient Office/Candidate

Contribution
Amount (\$):

Refund: Yes or No;
Date of Refund.

By checking this box I certify that I have not given any contributions consistent with Government Code Section 84308

ACKNOWLEDGEMENT

This form must be updated after each contribution, and no less than 45 days before any agency consideration regarding the above-referenced application. Completion of this form does not waive or in any way impact a party's obligation to disclose such contributions over \$250 on the record of the proceeding pursuant to Government Code section 84308(e).

I declare under penalty of perjury that the information which has been included in this Disclosure Form is true and correct:

Signature: _____

Date: _____

Print Name: _____

OFFICIAL USE ONLY

File/Project No:

Date Received: