



CONTRIBUTOR INFORMATION FORM

Please complete:

Amount of Contribution: \$ _____ **(We cannot accept contributions over \$500.)**

Name (if individual first and last): _____

Email: _____ Phone: () _____ - _____

Street or Mailing Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Please check if you approve using your name publicly for Endorsements []

How would you like your name displayed? _____

Please make payable to: Re-elect Meister for City Council 2019

*Mail to:
c/o Meister
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West Hollywood, CA 90048*

*Phone: 310-659-3379
Email: lauren@meister4weho.com
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FPPC Committee ID # pending