



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
337 Westbourne Dr.
West Hollywood, CA 90048

Phone: 310-659-3379
Email: lauren@meister4weho.com
Website: www.meister4weho.com

FPPC Committee ID #1405049