



CITY OF SAN RAMON
Planning Services Division
2401 Crow Canyon Road
San Ramon, CA 94583
Telephone: 925.973.2560
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PARTICIPANT DISCLOSURE FORM

To be completed only if contributions totaling **\$250** or more have been made.

Participant's Name: _____

Participant's Address: _____

Application or Proceeding
Title and Number: _____

Board or Commission Member(s) to whom you and/or your agent made campaign contributions
totaling **\$250** or more and dates of contribution(s):

Name of Member: _____

Name of Contributor (if other than Participant): _____

Date(s): _____

Amount(s): _____

Name of Member: _____

Name of Contributor (if other than Participant): _____

Date(s): _____

Amount(s): _____

Name of Member: _____

Name of Contributor (if other than Participant): _____

Date(s): _____

Amount(s): _____

DATE

SIGNATURE OF PARTICIPANT AND/OR AGENT