



**CITY OF SAN RAMON**  
Planning Services Division  
2401 Crow Canyon Road  
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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