

Contribution Form

“I ask you to stand with me as we win with a clean campaign... accepting only individual contributions. This is the only way to serve the people of San Francisco and the United States from a position of advantage over special interests... A position of leadership in Congress beholden to the people alone.” - Desmond Thorsson

First Name

Last Name

Street Address

City

State

Zip Code

Email

Phone

Employer

Occupation

Contribution Amount (Circle One)

\$5

\$25

\$50

\$100

\$250

\$500

\$1000

\$2600

Other Amount (please specify): _____

Make all checks payable to Thorsson for Congress. If you are contributing by credit card, please do so securely by calling (415) 741-3060.

By submitting this form, I confirm that...

1. I am a United States citizen or a lawfully admitted permanent resident of the United States
2. This contribution is not made from the funds of a corporation, labor organization, or bank
3. This contribution is not made from the funds of an entity or person who is a federal contractor
4. This contribution is not made from the funds of a Political Action Committee
5. This contribution is not made from the funds of an individual registered as a federal or state lobbyist; a foreign agent; or an individual who is an executive officer of a corporation that employs registered lobbyists, or an entity that is a registered lobbying firm or foreign agent.
6. I am eighteen years of age or older
7. The funds I am donating are not being provided to me by another person or entity for the purpose of making this contribution
8. If I have a question about whether any of these rules apply to me, I will contact the Thorsson for Congress campaign.

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