



Contributor Information Form

Thank you for supporting my campaign. Please print and fill out the following form and return it with your contribution. It is important that you provide **all** of the information.

Georgia law requires us to have this information on file.

Date:	
Full Name:	
Address:	
City:	
State:	
Zip Code:	
Home Telephone:	
Office Telephone:	
Employer:	
Occupation:	

If you are self-employed, please indicate this next to "Employer." If you are retired, please indicate this next to "Occupation."

Please make your checks payable to ***Committee to Elect Camille Kokozaki*** and return this form with your contribution by mail to:

Committee to Elect Camille Kokozaki
5803 Revington Drive
Norcross, GA 30092

State law requires political committees to report the name, mailing address and occupation of any person making a contribution of \$101 or more in a reporting cycle.