

**ATTACHMENT C
To Administrative Regulation 49**

**COUNTY OF TULARE
CAMPAIGN CONTRIBUTION DISCLOSURE FORM**

Application or Solicitation Number: _____
Application or Solicitation Title: _____

Was a campaign contribution, regardless of the dollar amount, made to any member of the Tulare County Board of Supervisors or to any County Officer, within the last 12 months, by the applicant, or, if applicable, any of the applicant's proposed subcontractors or the applicant's agent or lobbyist?

Yes _____ No _____

If no, please sign and date below.

If yes, please provide the following information:

Applicant's Name: _____
Contributor(s) or Contributors Firm's Name: _____
Contributor(s) or Contributor Firm's Address: _____

Is the Contributor: (*check applicable boxes*)

<input type="checkbox"/>	The Applicant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/>	Subcontractor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/>	The Applicant's agent/ or lobbyist	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Note: Under California law as implemented by the Fair Political Practices Commission, campaign contributions made by the Applicant and the Applicant's agent/lobbyist who is representing the Applicant in this application or solicitation must be aggregated together to determine the total campaign contribution made by the Applicant.

Identify the Board of Supervisors Member(s) and County Agency Officer(s) to whom you, your subcontractors, and/or agent/lobbyist made campaign contributions, within the last 12 months, the name of the contributor, the dates of contribution(s) and dollar amount of the contribution. Each date must include the exact month, day, and year of the contribution.

Name of Board of Supervisors Member or County Agency Officer: _____
Name of Contributor(s): _____
Date(s) of Contribution(s): _____
Amount(s): _____

(Please add an additional sheet(s) to identify additional Board Members or County Agency Officer to whom you, your subconsultants, and/or agent/lobbyist made campaign contributions)

By signing below, I certify that the statements made herein are true and correct. I also agree to disclose to the County any future contributions made to Board Members or County Agency Officers by the applicant, or, if applicable, any of the applicant's proposed subcontractors or the applicant's agent or lobbyist after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested license, permit, or entitlement to use.

Date

Signature of Applicant

Print Firm Name if applicable

Print Name of Applicant