

Local Agency Formation Commission  
of Yolo County

625 Court Street, Suite 107, Woodland, CA 95695  
Phone (530) 666-8048 Fax (530) 662-7383  
lafco@yolocounty.org www.yololafco.org

PARTY DISCLOSURE FORM  
Section III

To be completed if contributions totaling \$390 or more have been made, or indicate if not applicable and sign.

Application or Proceeding Title and Number:

Name

Address

City  State  Zip:

Phone:  Email:

Board or Commission Member(s) to whom you and/or your agents made campaign contribution totaling \$390 or more and date(s) of contribution:

Name of Member:	<input type="text"/>
Name of Contributor (if other than applicant):	<input type="text"/>
Date(s):	<input type="text"/>
Amount(s):	<input type="text"/>

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Name of Contributor (if other than applicant):	<input type="text"/>
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Name of Contributor (if other than applicant):	<input type="text"/>
Date(s):	<input type="text"/>
Amount(s):	<input type="text"/>

Not Applicable

Signature \_\_\_\_\_

Date: \_\_\_\_\_