Independent Expenditure (IE) Committee Contribution Form

State law requires the following information for each contribution made to COA’s IE. If you are paying for the IE contribution from a business account, then the contribution is actually from the business and must be reported as such. Please complete the applicable information below.

What is the amount of your contribution?
☐ $100  ☐ $250  ☐ $500
☐ $1,000  ☐ $2,500  ☐ Other (please specify): _________

☐ Payments From a Personal Account:
Name: ___________________________________________ Occupation: ________________________________
Employer (If self-employed, please provide name of business) __________________________
Street Address: __________________________ City __________________________ State: _______ Zip: _______
Phone Number: ______________ Fax Number: ______________ E-mail Address: ______________ License #: ____________

☐ Personal Check: Please make your check payable to Doctors of Optometry for Better Health Care and attach to this form. Check # __________

☐ Personal Credit Card:
☐ Visa  ☐ MasterCard  ☐ American Express
Name as it appears on card: ________________________________
Card Number: ________________________________ Expiration: __________________
CSC: ____________

☐ Payments from a Business Account:
Business Name: __________________________________________
Street Address: __________________________ City __________________________ State: _______ Zip: _______
Name(s) of OD(s) on whose behalf the business is contributing: (list others on back of form if necessary).
Name: __________________________ License #: _______ Amount $ ____________
Name: __________________________ License #: _______ Amount $ ____________

☐ Business Check Please make your check payable to Doctors of Optometry for Better Health Care and attach to this form. Check # __________

☐ Business Credit Card
☐ Visa  ☐ MasterCard  ☐ American Express
Name as it appears on card: ________________________________
Card Number: ________________________________ Expiration: __________________
CSC: ____________

PLEASE RETURN THIS FORM TO:
Doctors of Optometry for Better Health Care
2415 K Street; Sacramento, CA 95816
Contributions to Doctors of Optometry for Better Health Care, sponsored by California Optometric Association Political Action Committee are not tax deductible.