



**2014 ASUC Elections
Source of Funding Form**

Date & Time: _____

Candidate Name: _____

Signature: _____

Party (If Applicable): _____

Name of Donor: _____

Donor's Signature: _____

Type of Monetary Funding (please circle):

Individual Contribution / Membership Dues / Corporate Sponsorship / Others

If Others, please list: _____

Amount: _____

Description of Funding: _____

Date & Time of Donation: _____

Please STAPLE a statement documenting the donation to this form. Submit all forms in the Campaign Finance Box located at the LEAD Center (2nd floor of Hearst Gym). No email submissions will be accepted.