Chartered Organization Voter Registration Program
Payment Request Form

(type or print)

Organization _____
CA FPPC ID(if applicable)_____ Federal ID(if applicable) _____
Address _____
City _____ Zip _____
Phone(_____) _____ FAX(_____) _____

Chief Officer's Name _____
Day Phone(_____) _____ Night Phone(_____) _____
VR Program Manager's Name _____
Day Phone(_____) _____ Night Phone(_____) _____
E-Mail: _____

Number of PAV registrations:_____ (Non PAV) With phone numbers or Email: _____

Number of Democrats without PAV or phone or email: _____

Total number of registrations enclosed: _____

10%, at a minimum, of the registration cards must still be verified by phone calls to the voters registered before being submitted to the CDP for payment. The affidavit numbers of the 10% of registrations verified are attached (additional paper, if necessary):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Payment Agreement

I, the undersigned, as the Program Manager of the aforementioned VR program, verify that the foregoing is true and correct and complies fully with the CDP – Chartered Organization Voter Registration Program Guidelines and any provision of the California Elections Code applicable to voter registration activities.

Signature of VR Program Manager _____ Date___/___/

Mail or FAX this form to: California Democratic Party, Attn: Bill Vrattos, 1401 21st St., #200 Sacramento, CA 95811 FAX 916.442.5715. Retain a copy of this form for your records.

CDP Office Use Only

Date received __/___/___ Payment Amount _____
Verified By _____ Payment Approved by _____