

**EARMARKED CONTRIBUTION**

**SPECIAL REPORT E**  
 2/17

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1. Name of committee filing this report (Candidate or committee which received a contribution earmarked for another.)

Address

City County Zip

2. Original source of earmarked contribution

Name

Address

City State Zip

3. Contribution Date	Amount/Value	Description (Fully describe in-kind contributions)	If contribution is to benefit a state office candidate, designate whether it's for Primary or General Election.  Primary _____ General _____

4. Name of candidate or committee to be benefited

Address

City County Zip

If candidate, what office is the person seeking? \_\_\_\_\_

5. Certification: I certify that the information contained herein is true, complete and correct to the best of my knowledge.

Treasurer's signature \_\_\_\_\_ Date \_\_\_\_\_

The purpose of this report is to highlight receipt of an earmarked contribution. (That is, a contribution given to one candidate or political committee with the understanding, intent or instruction that it be used to benefit another candidate or committee. ) This report is filed in addition to any other required reporting of the transaction.

A separate "Special Report E" is filed for each earmarked contribution received by any candidate or political committee.

File this report within two business days of receiving the earmarked contribution. Mail or deliver the original to the Public Disclosure Commission. Deliver a copy to the benefiting candidate or committee, also within two business days.

**NOTE: Candidates for legislative and statewide executive office are subject to state contribution limits. Earmarked contributions count toward the applicable limit and are attributed to the original source of the contribution (unless another person controlled the choice of recipient). It's a violation for anyone to accept a contribution in excess of the relevant limit. Verify with the campaign of a legislative or statewide office candidate before accepting a contribution earmarked for the benefit of such a candidate.**