



# Norcal Area Combined Federal Campaign Campaign Reporting Envelope

**Instructions: Coordinators, please complete all the blanks on this page when submitting the first envelope for your agency.**

**ENV#** \_\_\_\_\_

This is  first  additional  final envelope of \_\_\_\_\_ submitted

**Agency Name** \_\_\_\_\_

**Department Name** \_\_\_\_\_

**Local Unit Address (include zip)** \_\_\_\_\_

**Number of Employees at this location** \_\_\_\_\_

**Coordinator** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Key Worker (if different)** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Department Head Name & Title** \_\_\_\_\_

**Address (include zip) if not same as unit** \_\_\_\_\_

	Number of Contributors	Total Amount Contributed
<b>Payroll Deduction Contributions</b>		\$
<b>Full Paid Gifts (Cash &amp; Checks)</b>		\$
<b>Special Events</b>		\$
<b>REPORT TOTAL</b>		
		\$

For use by Loaned Executive & PCFO	
<b>LE Name</b> _____	<b>Agency Unit#</b> _____
<b>Date received by LE</b> _____	<b>Date Received by PCFO</b> _____
<b>Date Audited</b> _____	<b>Audited by</b> _____
<b>Data entry by</b> _____	<b>on</b> _____

Contact your Campaign Coordinator at \_\_\_\_\_

Questions? Call CFC Headquarters at 916-442-4016

