



City Ethics Commission
 200 N Spring Street
 City Hall — 24th Floor
 Los Angeles, CA 90012
 Mail Stop 129
 (213) 978-1960

Matching Funds Additional Signatures Form 21

Request for Accelerated Matching Funds

This is **not** a nominating petition or voting material. Signatures on this form will **not** be counted for purposes of qualifying a candidate to appear on the ballot.

City Candidate Name: _____

City Office Sought: _____

The City candidate named above is voluntarily seeking to receive public funds for campaign purposes at an accelerated rate of match. We, the undersigned individuals, are qualified and registered to vote in the election for the City office named above and hereby request that the City candidate named above be entitled to receive accelerated matching funds pursuant to Los Angeles Municipal Code § 49.7.27(C)(2).

*The instructions for this form are the same as the instructions for the nominating petitions.
 Please refer to those instructions when gathering signatures for or signing this form.*

CIRCULATOR CERTIFICATION

I, _____, do hereby certify that my present, precise residential address is _____ and that I was at least 18 years of age at the time I circulated this form for signatures. Each signature on the attached sheets is genuine and was affixed to the form on the date shown, in my presence, by a separate individual who declared at the time of signing to be a qualified, registered voter of the City of Los Angeles and to be actually residing at the address provided. Each signer's name and address on the attached sheets was either personally written by that signer or completed by someone acting with the authority and on the direction of that signer.

I declare under penalty of perjury under the laws of the City of Los Angeles and the state of California that the information above is true and complete.

 Date

 Signature

 Name

 Residence Address

 City

 Zip Code



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Page ____ of ____

SIG #	LN #	VOTER	ADDRESS	DATE	OFFICE USE ONLY
1		Print Name	Residence Address (No P.O. Box)	Birthdate*	
		Signature	City Zip	Today's Date	
2		Print Name	Residence Address (No P.O. Box)	Birthdate*	
		Signature	City Zip	Today's Date	
3		Print Name	Residence Address (No P.O. Box)	Birthdate*	
		Signature	City Zip	Today's Date	
4		Print Name	Residence Address (No P.O. Box)	Birthdate*	
		Signature	City Zip	Today's Date	
5		Print Name	Residence Address (No P.O. Box)	Birthdate*	
		Signature	City Zip	Today's Date	
6		Print Name	Residence Address (No P.O. Box)	Birthdate*	
		Signature	City Zip	Today's Date	
7		Print Name	Residence Address (No P.O. Box)	Birthdate*	
		Signature	City Zip	Today's Date	
8		Print Name	Residence Address (No P.O. Box)	Birthdate*	
		Signature	City Zip	Today's Date	
9		Print Name	Residence Address (No P.O. Box)	Birthdate*	
		Signature	City Zip	Today's Date	
10		Print Name	Residence Address (No P.O. Box)	Birthdate*	
		Signature	City Zip	Today's Date	

*Optional: Birth month and date may be used to locate voter registration file for the purpose of signature verification. Only the month and date are needed.