

LOS ANGELES CITY ETHICS COMMISSION  
MATCHING FUNDS PROGRAM

**MATCHING FUNDS CLAIM FORM**

NOTE: PLEASE WRITE LEGIBLY AND IN INK. THE COMMISSION WILL NOT ACCEPT ANY CLAIMS OR SUPPORTING DOCUMENTS THAT ARE ILLEGIBLE OR COMPLETED IN OTHER THAN INK.

**1. CANDIDATE INFORMATION**

Name (Last, First, M.I.)	Office Sought (and CD No. if applicable)	Date of Election
Business Address		Suite or Apt. No.
City	State	Zip Code
Name of Controlled Committee		I.D. Number

**2. PAYMENT CLAIMED**

Date Submitted	Amount Claimed
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**3. ATTACHMENTS**

Each candidate must submit with this claim form the following:

Matchable Contributions List (CEC Form 22)

Copies of contributor checks

NOTE: Any claim form that is not accompanied by these documents will not be considered for payment.

**4. CANDIDATE AND TREASURER VERIFICATION**

**CANDIDATE SIGNATURE**

I declare under penalty of perjury under the laws of the State of California that to the best of my knowledge the information contained in this form and in all attachments hereto are true and correct.

Executed on \_\_\_\_\_ at \_\_\_\_\_  
Date

\_\_\_\_\_  
Candidate Signature

**TREASURER SIGNATURE**

I declare under penalty of perjury under the laws of the State of California that to the best of my knowledge the information contained in this form and in all attachments hereto are true and correct.

Executed on \_\_\_\_\_ at \_\_\_\_\_  
Date

\_\_\_\_\_  
Treasurer Signature

**FOR CEC USE ONLY**

Matchable Contributions

This Period \$ \_\_\_\_\_

Prior Period \$ \_\_\_\_\_

Total Matchable \$ \_\_\_\_\_

Claimed to Date \$ \_\_\_\_\_

Claim Amount \_\_\_\_\_

Authorized by \_\_\_\_\_