

Non-Candidate Spending Notification

LOS ANGELES
CITY ETHICS COMMISSION

Filer Information				
FILER'S NAME		ID NUMBER (IF APPLICABLE)		ELECTION DATE: _____
STREET ADDRESS			<input type="checkbox"/> INDEPENDENT EXPENDITURE <input type="checkbox"/> MEMBERSHIP COMMUNICATION	
CITY	STATE	ZIP CODE	TELEPHONE	

Non-Candidate Spending					
DATE	NAME OF CANDIDATE	SUPPORT/ OPPOSE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF COMMUNICATION	AMOUNT

Declaration: I certify under penalty of perjury under the laws of the State of California that the reported expenditure(s) or payment(s) was/were not behested by the candidate(s) who benefited from the expenditure(s) or payment(s) and all information contained herein is true and correct.

EXECUTED ON: _____
Date

BY: _____
Signature of Filer or Officer

BY: _____
Signature of Treasurer (if applicable)