



City Ethics Commission
 200 North Spring Street
 City Hall — 24th Floor
 Los Angeles, CA 90012
 (213) 978-1960
 ethics.lacity.org

Matching Funds Request for Qualification or Claim for Payment Form 22

Candidate Name (<i>Last, First, Middle</i>)	Date of Request/Claim
Committee Name	ID Number
Office Sought (<i>include district number if applicable</i>)	Date of Election

Type of Form

Qualification Request
 Original filing Amended filing (*original signed on _____; last amendment signed on _____.*)

Payment Claim
 Original filing Amended filing (*original signed on _____; last amendment signed on _____.*)
 Amount of matching funds claimed through this form: \$ _____

Qualification Request and Payment Claim
 Original filing Amended filing (*original signed on _____; last amendment signed on _____.*)
 Amount of matching funds claimed through this form: \$ _____

Documentation Requirements

For **qualification requests**, you must submit the following:

1. The table on page 2 of this form, identifying:
 - A. Contributions from individuals residing within the City and totaling the applicable amount in LAMC § 49.7.23(C)(1)(a); and
 - B. For City Council candidates, contributions of \$5 or more from at least 200 individuals residing in the district for which office is sought (indicated by checking "In District" column).
2. Documentation supporting each contribution (copies of checks, credit card receipts, contributor verification forms, etc.).

For **payment claims**, you must submit the following:

1. The table on page 2 of this form, identifying contributions from individuals residing within the City and representing the minimum amount required by LAMC § 49.7.28(A).
2. Documentation supporting each contribution (copies of checks, credit card receipts, contributor verification forms, etc.).

Certifications

I declare under penalty of perjury under the laws of the City of Los Angeles and the state of California that all contributions have been deposited into the campaign checking account of the committee identified above and that, to the best of my knowledge and belief, this form and all supporting documents are true and complete and all contributions are from City residents.

Candidate Signature

Date

Treasurer Signature

Date

Treasurer Name

Claim # _____	Ethics Commission Use Only	Rate
Approved payment for this claim: \$ _____		1:1 _____
Amounts previously paid: \$ _____		2:1/4:1 _____
Total payments to date: \$ _____	Verified _____	



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Original filing
 Amended filing
(original filed on _____)

Committee Name

ID Number

Type of Form: Qualification Request Payment Claim (*Claim # _____*) Qualification Request & Payment Claim (*Claim # _____*)

Qualified Contributions (*List in alphabetical order by contributor last name. All contributions must be from individuals residing in the City.*) Page _____ of _____

Date Received	Contributor Name <i>(Last, First)</i>	Residence Address	Occupation and Employer	Amount of Contribution	Matchable Amount of Contribution	Amount Previously Matched for this Contributor	Total Contributions from this Contributor	In-District? <i>(City Council only)</i>
SUBTOTAL:								