## Matching Funds Request for Qualification / Claim for Payment

**Candidate Name (Last, First, Middle)**

**Committee Name**

**Office Sought (include district number if applicable)**

**Committee ID Number**

**Date of Election**

### Form Information

<table>
<thead>
<tr>
<th>Date Submitted</th>
<th>Amount claimed (total matchable amount from spreadsheet):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

### Type of Form

- Qualification Request and Payment Claim
  - Original
  - Supplemental contributions for original qualification request.
  - Amendment (original signed on ________________________; last amendment signed on ________________________.)
- Payment Claim
  - Original
  - Amendment (original signed on ________________________; last amendment signed on ________________________.)

### Debate Requirement

<table>
<thead>
<tr>
<th>Date of Debate</th>
<th>Names of All Candidates Debated on That Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

All of the following debate criteria must be met. Check each box to confirm:
- One or more opponents who qualified to appear on the ballot participated in the debate.
- The debate lasted at least 60 minutes and was open to the public.
- The debate was moderated by an independent third party.
- The invitation to or announcement of the debate is submitted with this form.

If no opponent agrees to debate you, you may conduct a town hall meeting instead. Check each box to confirm:
- The town hall meeting lasted at least 60 minutes and was open to the public, the media, and other candidates.
- A majority of the time was focused on me responding to questions posed by attendees.
- A written refusal to participate in a debate was received from every opponent who qualified to appear on the ballot, and each refusal is submitted with this form.
- The invitation to or announcement of the town hall meeting, which was held on ________________________, is submitted with this form.

### Documentation Requirements

All of the following must be submitted for all forms. Check each box to confirm:
- The electronic spreadsheet described on page 2, identifying qualified contributions that represent the minimum amount required by LAMC § 49.7.28(A). Contributions must be entered in alphabetical order by contributor last name.
- A contributor certification for each contribution, in alphabetical order by contributor last name.
- Documentation of each contribution transaction (copy of check, credit card receipt, etc.), in alphabetical order by contributor last name.

In addition, all of the following must also be included with a qualification form. Check each box to confirm:
- Qualified contributions totaling the applicable amount in LAMC § 49.7.23(C)(1)(a).
- Qualified contributions of $5 or more from at least 100 residents of the City or, for City Council candidates, the Council District (indicated with a “Y” in the “Use for 100 In-District or In-City Requirement?” column of the electronic spreadsheet).
- The invitation to or announcement of the debate (or, if permitted, town hall meeting) identified above. If a town hall meeting was permitted, written confirmation that all other candidates declined to debate must also be submitted.
Matching Funds
Request for Qualification / Claim for Payment

An electronic spreadsheet that includes all of the columns in the sample below must be submitted with this form. Contributions must be entered in alphabetical order by contributor last name. A template is available in the drop-down Matching Funds section at ethics.lacity.org/publications/#campaigns.

Please submit electronic spreadsheet and all supporting documentation identified on page 1, in alphabetical order by contributor last name, to ethics.matchingfunds@lacity.org.

Sample Spreadsheet

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Residence Street</th>
<th>Residence City</th>
<th>Residence State</th>
<th>Residence Zip Code</th>
<th>Occupation</th>
<th>Employer</th>
<th>Date Contribution Received</th>
<th>Contribution Amount</th>
<th>Transaction Amount (if contribution amount)</th>
<th>Matchable Amount</th>
<th>Amount Previously Matched This Election</th>
<th>Total Contributions This Election</th>
<th>Use for 100 In-District or In-City Requirement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baker</td>
<td>Terry</td>
<td>800 3rd St</td>
<td>Los Angeles</td>
<td>CA</td>
<td>90032</td>
<td>Retired</td>
<td>n/a</td>
<td>11/1/2023</td>
<td>$5</td>
<td>n/a</td>
<td>$5</td>
<td>$0</td>
<td>$0</td>
<td>Y</td>
</tr>
<tr>
<td>Lee</td>
<td>Rose</td>
<td>222 Main St</td>
<td>Los Angeles</td>
<td>CA</td>
<td>90012</td>
<td>Teller</td>
<td>Bank of LA</td>
<td>10/15/2023</td>
<td>$200</td>
<td>n/a</td>
<td>$129</td>
<td>$0</td>
<td>$200</td>
<td>Y</td>
</tr>
<tr>
<td>Rodriguez</td>
<td>Annette</td>
<td>400 Spring</td>
<td>Los Angeles</td>
<td>CA</td>
<td>90012</td>
<td>Senior VP</td>
<td>Hope, Inc.</td>
<td>10/30/2023</td>
<td>$900</td>
<td>n/a</td>
<td>$129</td>
<td>$0</td>
<td>$900</td>
<td>Y</td>
</tr>
<tr>
<td>Sanjay</td>
<td>Adam</td>
<td>987 City St</td>
<td>Los Angeles</td>
<td>CA</td>
<td>90045</td>
<td>Attorney</td>
<td>Smith &amp; Jones</td>
<td>11/1/2023</td>
<td>$75</td>
<td>$100</td>
<td>$75</td>
<td>$50</td>
<td>$150</td>
<td>N</td>
</tr>
<tr>
<td>Williams</td>
<td>Robert</td>
<td>341 6th SB-3</td>
<td>Los Angeles</td>
<td>CA</td>
<td>90017</td>
<td>Painter</td>
<td>Bob's Painting</td>
<td>12/15/2023</td>
<td>$25</td>
<td>$50</td>
<td>$25</td>
<td>$0</td>
<td>$50</td>
<td>Y</td>
</tr>
</tbody>
</table>

Additional information about the matching funds program is available in the candidate guide at ethics.lacity.org/publications/#campaigns.

Certification

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 ___________________________