

Candidate Name (Last, First, Middle)	Committee ID Number
Committee Name	
Office Sought (include district number if applicable)	Date of Election
Form Information	
Date Submitted	Amount claimed (total matchable amount from spreadsheet):
Type of Form	
☐ Payment Claim ☐ Original	request; last amendment signed on); last amendment signed on)
Debate Requirement	
Date of Debate Names of All Candidates Debated or	That Data
Date of Departe Names of All Candidates Departed of	That Date
All of the following debate criteria must be met. Check each box One or more opponents who qualified to appear on the bath the debate lasted at least 60 minutes and was open to the the debate was moderated by an independent third party. The invitation to or announcement of the debate is submit	allot participated in the debate. e public.
If no opponent agrees to debate you, you may conduct a town h The town hall meeting lasted at least 60 minutes and was A majority of the time was focused on me responding to of A written refusal to participate in a debate was received firefusal is submitted with this form. The invitation to or announcement of the town hall meeting with this form.	open to the public, the media, and other candidates. Tuestions posed by attendees. From every opponent who qualified to appear on the ballot, and each
Documentation Requirements	
All of the following must be submitted for all forms . Check ea	ch box to confirm:
☐ The electronic spreadsheet described on page 2, identifyin quired by LAMC LAMC § 49.7.28(A). Contributions must be ☐ A contributor certification for each contribution, in alphabet.	g qualified contributions that represent the minimum amount re- e entered in alphabetical order by contributor last name.
In addition, all of the following must also be included with a qua	lification form. Check each box to confirm:
(indicated with a "Y" in the "Use for 100 In-District or In-City	dents of the City or, for City Council candidates, the Council District Requirement?" column of the electronic spreadsheet). mitted, town hall meeting) identified above. If a town hall meeting





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													
Committee Name: Committee ID: Filing Date:														
Last Name	First Name	Residence Street	Residence City	Residence State	Residence Zip Code	Occupation	Employer	Date Contribution Received	Contribution Amount	Transaction Amount (if different from contribution amount)	Matchable Amount	Amount Previously Matched This Election	Total Contributions This Election	Use for 100 In-District or In-City Requirement?
Baker	Terry	800 3rd St	Los Angeles	CA	90012	Retired	n/a	11/1/2025	\$5	n/a	\$5	\$0	\$5	Υ
Lee	Rose	222 Main St	Los Angeles	CA	90012	Teller	Bank of LA	10/15/2025	\$200	n/a	\$129	\$0	\$200	Y
Rodriguez Sanjay	Annette Adam	400 Spring 987 City St	Los Angeles Los Angeles	CA	90012 90045	Senior VP Attorney	Hope, Inc. Smith & Jones	10/30/2025 11/1/2025	\$900 \$75	n/a \$100	\$129 \$75	\$0 \$50	\$900 \$150	Y N
Williams	Robert	341 6th #B-3	Los Angeles	CA	90017	Painter	Bob's Painting	12/15/2025	\$25	\$50	\$25	\$0	\$50	Y
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														
Claim # Ethics Commission Use Only														
Approved payment for this claim: \$														
Amounts previously paid:									_					
		Verified												