

For use only through the 2022 primary election.

Contributor Certification (Required)

Complete this portion if the contribution is from an INDIVIDUAL	<p>I certify that this contribution is from my personal funds.</p> <p>Name: _____</p> <p>Residence Address: _____ <small>Street / Unit # (no PO boxes) City State Zip Code</small></p> <p>Job Title: _____</p> <p>Employer / Name of Company: _____</p> <p><i>Your residence address is required for the candidate to receive a match of public funds. You may provide a different contact address instead, but it cannot be matched.</i></p> <p>Contact Address: _____ <small>Street / Unit # (no PO boxes) City State Zip Code</small></p>
Complete this portion if the contribution is from a BUSINESS	<p>I certify that this contribution is from business funds.</p> <p>Business Name: _____</p> <p>Business Address: _____ <small>Street / Unit # (no PO boxes) City State Zip Code</small></p>

I certify the following:

- This contribution is not being made under a false name, is not being made under another person's name, has not been reimbursed, and will not be reimbursed.
- This contribution does not cause me to exceed my contribution limit of \$XXX. I understand that all contributions I make to this candidate or committee must be cumulated. I understand that a contribution from another individual or entity whose contribution activity I control, such as a business that I own or control, must be aggregated with this contribution, and both contributions will be treated as a single contribution from me.
- I am a United States citizen or a lawfully admitted permanent resident (i.e., green card holder).
- I am not a lobbyist or lobbying firm that is prohibited from contributing under Los Angeles City Charter § 470(c)(11).
- I am not a bidder, sub-contractor, principal, or underwriting firm that is prohibited from contributing under Los Angeles City Charter § 470(c)(12) or 609(e).

I certify under penalty of perjury under the laws of the City of Los Angeles and the state of California that all of the information in this contributor certification is true and correct.

Name Date

Signature Title (if signing for a business)

Contribution amount: \$800 \$500 \$250 \$100 Other: \$ _____

Contribution type: Cash (\$30 maximum) Check made payable to [committee name] Credit card:

Name on Card: _____ Exp. Date: _____

Card Number: _____ Security Code: _____

Billing Address: _____

Email: _____ Phone: _____