

LPF FORM 3 Reimbursement Claim Form

Please type or print clearly in ink.

I. CANDIDATE INFORMATION

Name:	District Office Sought:	Date of Election:

II. ATTACHMENTS

Each candidate must submit with this claim form the following:

- Copies of billing invoices for which reimbursement is sought
- Copies of the check(s) used to pay the invoices for which reimbursement is sought
- Copies of any applicable campaign literature, advertisement, radio or television script, or website configuration

Note: Any claim form that is not accompanied by the above documents will not be considered for payment.

The attached copies document a claim for reimbursement for the following permitted categories of expenditures:

- | | |
|--|---|
| <input type="checkbox"/> Candidate filing or ballot fees
<input type="checkbox"/> Postage
<input type="checkbox"/> Radio airtime and production costs
<input type="checkbox"/> Website design and maintenance costs | <input type="checkbox"/> Printed campaign literature and production costs
<input type="checkbox"/> Print advertisements
<input type="checkbox"/> Television or cable airtime and production costs |
|--|---|

III. CANDIDATE AND TREASURER VERIFICATION

I declare under penalty of perjury under the laws of the State of California that to the best of my knowledge:

(1) the information contained in this form and all attachments submitted herewith are true and correct; (2) the check(s) used to make payment on the billing invoice(s) submitted for reimbursement represent payment in full of said invoice(s) and that sufficient funds exist in the candidate's campaign account to provide payment on those invoices; and (3) any public financing received from the Public Ethics Commission has not been previously earmarked or specifically encumbered to pay or to secure payment of any loan, return of contribution, or of any expenditure other than the one for which reimbursement was sought.

Executed on _____ at _____

<hr/> Candidate Name	<hr/> Candidate Signature
Executed on _____ at _____	
<hr/> Treasurer Name	<hr/> Treasurer Signature
FOR PEC USE ONLY	
Reimbursement Totals	Claim Number: _____
This Period _____	Check request date: _____
Prior Period _____	Check Amount: \$ _____
Total Reimbursement: _____	Authorized by: _____

Submit to the Public Ethics Commission at:

Oakland Public Ethics Commission
One Frank H. Ogawa Plaza (City Hall), Room 104
Oakland, CA 94612
(510) 238-3593
www.oaklandca.gov/pec
ethicscommission@oaklandca.gov