

LPF FORM 3 Reimbursement Claim Form

Please type or print clearly in ink.

I. CANDIDATE INFORMATION

Name:	District Office Sought:	Date of Election:
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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"/> Printed campaign literature and production costs |
| <input type="checkbox"/> Postage | <input type="checkbox"/> Print advertisements |
| <input type="checkbox"/> Radio airtime and production costs | <input type="checkbox"/> Television or cable airtime and production costs |
| <input type="checkbox"/> Website design and maintenance 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 in 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 _____

Candidate Name

Candidate Signature

Executed on _____ at _____

Treasurer Name _____

Treasurer Signature _____

Name(s) of Persons Authorized to Pick up Reimbursement Checks: _____

FOR PEC USE ONLY

Reimbursement Totals

This Period _____

Prior Period _____

Total Reimbursement: _____

Claim Number: _____

Check request date: _____

Check Amount: \$ _____

Authorized by: _____

This form must be submitted to the Public Ethics Commission at:

<p>Oakland Public Ethics Commission One Frank H. Ogawa Plaza (City Hall), Room 104 Oakland, CA 94612 (510) 238-3593 (510) 238-3315 (fax) www.oaklandnet.com/pec ethicscommission@oaklandnet.com</p>
