CITY OF OAKLAND
PUBLIC ETHICS COMMISSION LPF FORM NO. 3
"REIMBURSEMENT CLAIM FORM"

PLEASE TYPE OR PRINT 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.

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 Election Campaign Fund 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 Signature

Executed on _____ **at** _____

_____
Treasurer Signature

IV. Authorization

Names of Persons Authorized to Pick up Reimbursement Checks: _____

_____

FOR PEC USE ONLY

Reimbursement Totals	
This Period _____	**Check request date:** _____
Prior Period _____	**Check Amount: $**_____
Total Reimbursement _____	**Authorized by:** _____