

LPF Candidate Information Form

Candidate Name (as appears on ballot):

Home Address:

District

Age:

How many times have you ran for office?

18-24

45-54

First time

1

2

3

4 or more

25-34

50-64

Are you legally disabled?

Yes

No

35-49

65+

Gender:

Household Income:

Male

<\$30,000

\$75-100k

Female

\$30-60k

\$100-150k

Prefer not to answer

\$60-75k

\$150k+

Prefer to self-describe _____

Race/Ethnicity:

Black/African-American

American Indian/Alaska native

Asian

Native Hawaiian/other Pacific Islander

Hispanic/Latino/Latina

Other

White/Caucasian

Two or more races

This form must be filed with the Office of the Public Ethics Commission at:

Oakland Public Ethics Commission
 One Frank H. Ogawa Plaza, Room 104
 Oakland, CA 94612
 (510) 238-3593 (510) 238-3315 (fax)
www.oaklandca.gov/pec
ethicscommission@oaklandca.gov

LPF FORM 1 Acceptance or Rejection of Public Financing

I, _____ (print name), declare that I am a candidate for the Office of City Council District ____ (state district number) in the November 3, 2020, municipal election.

I hereby agree to Accept Reject public financing pursuant to the Limited Public Financing Act (O.M.C. Chapter 3.13) during the November 3, 2020, election.

I understand that, if I choose to **reject** public financing for the November 3, 2020, election, my decision is irrevocable, and I will not be eligible to apply for or receive public financing for the November 3, 2020, election. I further understand that, if I fail to file this form by the deadline specified in O.M.C. §3.13.070(B), my failure to do so will constitute an irrevocable rejection of public financing for the November 3, 2020, election.

I hereby certify that the above statement is true and correct.

Executed on this _____ day of _____, 2020.

Signature: _____ (Candidate)

This form must be filed in person with the Public Ethics Commission at:

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Oakland, CA 94612
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This form is due no later than 14 days after the City Clerk has certified the names of all candidates to appear on the ballot.

LPF FORM 2 Initial Application for Public Financing

Please type or print clearly in ink.

Candidate Name:	
District Office Being Sought:	Date of Election: Tuesday, November 3, 2020
Campaign Mailing Address:	
Phone: (Number at which candidate can be reached during business hours)	Fax:
	Candidate's Campaign Email:
Name of Controlled Committee	Campaign ID Number:
	Campaign EIN No.
Name of Campaign Treasurer:	Treasurer Phone:
	Treasurer Email:
Name and Address of Financial Institution	Campaign Bank Account Number

This form continues on the next two pages.

I hereby apply for public financing and certify that the following information is true and correct:

1. I have executed and timely filed OCRA Form No. 301 accepting voluntary expenditure ceilings.
2. I have executed and timely filed a "Statement of Acceptance or Rejection of Public Financing" (LPF Form 1) and have agreed to accept public financing for the November 3, 2020, election.
3. I am certified to appear on the ballot for the election for which public matching funds are sought.
4. I have received campaign contributions from donors located within the City of Oakland totaling at least 5% of the voluntary spending limit for the office being sought, exclusive of any loans or contributions from my personal funds. **Copies of the checks received, or copies of online contribution records, to meet this 5% threshold are attached.**
5. I have made qualified campaign expenditures in an aggregate amount of at least 5% of the voluntary spending limit for the office being sought. **Copies of the invoices and/or checks evidencing proof of meeting this 5% spending threshold are attached.**
6. I have not made any contribution or loan to my campaign from any personal funds in an amount exceeding 10% of the voluntary spending limit for the office being sought.
7. I or my campaign treasurer or designee has attended a training program conducted or sponsored by the Public Ethics Commission.

I understand and agree that to receive public financing I must be opposed by a candidate for the same office.

I understand and agree that as a condition of receiving public financing I must timely file, and completely and accurately execute, all pre-election campaign statements that are due at the time public financing is payable as well as timely file, and completely and accurately execute, all post-election campaign statements for the election in which I receive public financing.

I understand and agree that I must return surplus funds to the Public Ethics Commission no later than January 31 of the year following the election.

I understand and agree to all conditions of and requirements for the use of public financing set forth in this Application, the Act and any regulations adopted thereunder. I understand and agree to submit to reasonable audits deemed necessary by the Oakland Public Ethics Commission or other civil authorities as specified by the Limited Public Financing Act.

By my signature below, I certify that:

1. I have read and understand the requirements and conditions set forth in this Application and the Oakland Limited Public Financing Act and understand that those requirements and conditions must be satisfied before, during and after I receive public financing.
2. I have not made and I agree to not make any expenditures in excess of the voluntary spending limits of Oakland Municipal Code Section 3.12.200. (This requirement shall not apply if the voluntary spending limits have been lifted pursuant to Oakland Municipal Code Section 3.12.220.)
3. The attached copies of documents are true and accurate copies of the original. I understand that they will be used by the Public Ethics Commission staff to determine my eligibility to apply for and receive public financing.

CANDIDATE’S DECLARATION

I declare under penalty of perjury under the laws of the State of California that my campaign committee and I have complied with all applicable contribution and expenditure limitations under the Oakland Campaign Reform Act at all times in which those limitations apply to my candidacy for the office in contest and I further declare that the representations set forth above are true and correct.

Date: _____

Candidate’s Signature

Print or Type Candidate’s Name

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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		
<p>Each candidate must submit with this claim form the following:</p> <ul style="list-style-type: none"> ▪ 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 <p>Note: Any claim form that is not accompanied by the above documents will not be considered for payment.</p> <p>The attached copies document a claim for reimbursement for the following permitted categories of expenditures:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Printed campaign literature and production costs <input type="checkbox"/> Print advertisements <input type="checkbox"/> Television or cable airtime and production costs </td> </tr> </table>	<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
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III. CANDIDATE AND TREASURER VERIFICATION
<p>I declare under penalty of perjury under the laws of the State of California that to the best of my knowledge:</p> <p>(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.</p> <p>Executed on _____ at _____</p>

_____ 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: _____

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LPF FORM 4 Calculation and Return of Surplus Funds

The Limited Public Financing Act requires candidates that participated in the Limited Public Financing Program to return a percentage of surplus campaign funds remaining at the end of the post-election reporting period following the election for which public financing was received (O.M.C. 3.13.150(A)).

The amount of surplus campaign funds to be returned by the candidate to the Election Campaign Fund shall be calculated by multiplying the amount of surplus campaign funds by the percentage that total public financing received represents of total monetary contributions received for the election period (O.M.C. 3.13.150(B)).

Campaign funds are considered surplus to the extent that the campaign balance exceeds the total financial obligations (debt) of the candidate’s campaign committee.

Calculating Surplus Funds to be returned:

1. Divide the total amount of LPF funds received by the total amount of contributions received by the campaign committee during the election cycle (round number to the nearest hundredth) – this is the percentage that LPF funds represent of total monetary contributions.

Ex) **LPF funds received** = \$10,000 **Total contributions received** = \$40,000
 $\$10,000 / \$40,000 = 0.25 = 25\%$

2. Subtract any outstanding debt from the total funds remaining as of 12/31/20.

Ex) **Total funds remaining as of 12/31/20** = \$14,000 **Campaign debt** = \$2,000
 $\$14,000 - \$2,000 = \$12,000$

3. Multiply the amount calculated from Step 2 by the percentage calculated in Step 1 (round to the nearest hundredth) – this is the amount to be returned to the City.

Ex) $\$12,000 (.25) = \$3,000$

Campaign Name	
A. Total monetary Contributions (excluding LPF funds received)	
B. LPF Funds Received	
C. % that LPF funds represents of total monetary contributions (round to the nearest hundredth) (Line B divided by Line A)	
D. Campaign Funds remaining as of 12/31/20	
E. Outstanding Debt (if any)	
F. Total Funds remaining (Line D subtracted by Line E)	
G. Multiply by % that LPF funds represent of total monetary contributions to total funds remaining (Line F multiplied by Line C)	
H. Amount to be returned to Election Campaign Fund	

Check the box that applies:

- As of 12/31/20, my campaign committee had no remaining surplus funds and therefore, no surplus funds are required to be returned to the City of Oakland.

In compliance with the Limited Public Financing Act, enclosed is a check for \$ _____, representing the amount of surplus funds required to be returned to the City of Oakland.

(Make check payable to "City of Oakland" and submit to the Public Ethics Commission)

By signing below, I certify that the information above is true and correct to the best of my knowledge.

X _____
LPF participant/candidate

Date

(For PEC Staff)

The Public Ethics Commission received a check in the amount of \$ _____ from the _____ committee on _____ to be deposited into the Election Campaign Fund.

X _____
PEC Staff

X _____
Executive Director