

# LPF Form No. 3 Cover Sheet

Public Ethics Commission

Candidate Name: \_\_\_\_\_

## Itemization of Reimbursement Claim for LPF Form 3

Item #	Date of Expenditure	Campaign Check #	Payee	Expenditure Category <sup>1</sup>	Expenditure Amount	PEC Approved (For Staff use)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

Staff Use Only	
<b>Total invoices submitted for reimbursement:</b>	
<b>Maximum LPF amount for each certified candidate:</b>	
<b>Total invoices paid as of present date:</b>	
<b>Balance until maximum LPF amount is met:</b>	
<b>Total claim amount approved for reimbursement:</b>	

<sup>1</sup> Allowable expenditure categories include the following:

- 1) Candidate filing or ballot fee
- 2) Printed campaign literature and production costs
- 3) Postage
- 4) Print advertisements
- 5) Radio airtime and production costs
- 6) Television or cable airtime and production costs
- 7) Website design and maintenance costs

## LPF FORM 3 Reimbursement Claim Form

*Please type or print clearly in ink.*

### I. CANDIDATE INFORMATION

<b>Name:</b>	<b>District Office Sought:</b>	<b>Date of Election:</b>
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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<br><input type="checkbox"/> Postage<br><input type="checkbox"/> Radio airtime and production costs<br><input type="checkbox"/> Website design and maintenance costs | <input type="checkbox"/> Printed campaign literature and production costs<br><input type="checkbox"/> Print advertisements<br><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 \_\_\_\_\_

_____ <b>Candidate Name</b>	_____ <b>Candidate Signature</b>
Executed on _____ at _____	
_____ <b>Treasurer Name</b>	_____ <b>Treasurer Signature</b>

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

\_\_\_\_\_

\_\_\_\_\_

FOR PEC USE ONLY	
<b>Reimbursement Totals</b> <b>This Period</b> _____ <b>Prior Period</b> _____ <b>Total Reimbursement:</b> _____	<b>Claim Number:</b> _____ <b>Check request date:</b> _____ <b>Check Amount: \$</b> _____ <b>Authorized by:</b> _____

**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  
 (510) 238-3315 (fax)  
[www.oaklandca.gov/pec](http://www.oaklandca.gov/pec)  
[ethicscommission@oaklandca.gov](mailto:ethicscommission@oaklandca.gov)