

**CITY OF OAKLAND  
PUBLIC ETHICS COMMISSION LPF FORM NO. 1  
"STATEMENT AND APPLICATION FOR  
PUBLIC MATCHING FUNDS"**



<b>Candidate Name:</b>	
<b>District Office Being Sought:</b>	<b>Date of Election:</b>
<b>Mailing Address:</b>	
<b>Phone:</b> <small>(Number at which candidate can be reached during business hours)</small>	<b>Fax:</b> <b>Email:</b>
<b>Name of Controlled Committee</b>	<b>Campaign ID No.:</b>
	<b>EIN No.</b>
<b>Name and Address of Financial Institution</b>	<b>Campaign Bank Acct No.</b>

Each candidate must complete and file this form to receive public matching funds. In order to be eligible for public matching funds, candidates must have executed and filed the City of Oakland's OCRA Form No. 301 (available from the Office of the City Clerk) and agree to accept the voluntary expenditure ceilings prescribed in Oakland Municipal Code section 3.12.200 as set forth on OCRA Form No. 301.

I apply for public matching funds and certify that the following information is true and correct:

1. I have executed OCRA Form No. 301, Expenditure Ceiling Acceptance form, accepting voluntary expenditure ceilings. **(Attach executed copy of OCRA Form 301.)**
2. I am certified to appear on the ballot for the election for which public matching funds are sought.
3. I have received campaign contributions totaling at least 5% of the voluntary expenditure ceiling for the office being sought, exclusive of any loans, in-kind contributions, or contributions from my personal funds. **(Attach completed copy of LPF Form No. 2, "Matching Funds Claim Form".)**
4. I have not made any contribution or loan to my campaign from any personal funds in an amount exceeding 5% of the voluntary expenditure ceiling for the office being sought.

5. I or my campaign treasurer or designee have attended a training program conducted or sponsored by the Public Ethics Commission.

I understand and agree that in order to be able to receive public matching funds I must be opposed by a candidate for the same office who has also qualified for public matching funds or a candidate who has received contributions, made expenditures, or has cash on hand in an amount of at least 7% of the voluntary expenditure ceiling for the office being sought.

I understand and agree that all contributions submitted for matching funds must be made on a financial instrument containing the name of the donor, the name of the payee, and drawn on the account of the donor.

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

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

By my signature below, I certify that I have read and understand the requirements and conditions set forth in this Application, in the Oakland Limited Public Financing Act, the Administrative Regulations promulgated thereto, and understand that those requirements and conditions must be satisfied before, during and after I receive public matching funds. I further certify that I have not made and I agree to not make any expenditures in excess of the voluntary expenditure limits of Oakland Municipal Code Section 3.12.200. This requirement shall not apply if the voluntary expenditure ceilings have been lifted pursuant to Oakland Municipal Code Section 3.12.220.

### **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