

Allison Holdorff Polhill for LA City Council 2022

Complete this portion if the contribution is from an INDIVIDUAL

I certify that this contribution is from my personal funds.

Name: _____

Residence Address: _____

Street / Unit # (no PO boxes) City State Zip Code

Job Title: _____

Employer / Name of Company: _____

Your residence address is required for the candidate to receive a match of public funds. You may provide a different contact address instead, but it cannot be matched.

Contact Address: _____

Street / Unit # (no PO boxes) City State Zip Code

Complete this portion if the contribution is from a BUSINESS*

I certify that this contribution is from business funds.

Business Name: _____

Business Address: _____

Street / Unit # (no PO boxes) City State Zip Code

I certify the following:

- This contribution is not being made under a false name, is not being made under another person's name, has not been reimbursed, and will not be reimbursed.
- This contribution does not cause me to exceed my contribution limit of **\$800**. I understand that all contributions I make to this candidate or committee must be cumulated. I understand that a contribution from another individual or entity whose contribution activity I control, such as a business that I own or control, must be aggregated with this contribution, and both contributions will be treated as a single contribution from me.
- I am a United States citizen or a lawfully admitted permanent resident (i.e., green card holder).
- I am not a lobbyist or lobbying firm that is prohibited from contributing under Los Angeles City Charter § 470(c)(11).
- I am not a bidder, sub-contractor, principal, or underwriting firm that is prohibited from contributing under Los Angeles City Charter § 470(c)(12) or 609(e).

I certify under penalty of perjury under the laws of the City of Los Angeles and the state of California that all of the information in this contributor certification is true and correct.

Name

Date

Signature

Title (if signing for a business)

*If the contributor is a **limited liability company (LLC)**, please select and complete one of the following:

- The LLC qualifies as a recipient committee.

Name of committee: _____ Name of principal officer: _____

- The LLC qualifies as a major donor committee or an independent expenditure committee.

Name of responsible officer: _____

- The LLC does not qualify as a committee.

Name of individual primarily responsible for approving contribution: _____

Please make checks payable to Allison Holdorff Polhill for LA City Council

Contribution amount: ___\$800 ___\$500 ___\$250 ___\$100 Other: \$_____. Cash (\$30 maximum)

Name on Credit Card: _____

Card Number: _____ Sec. Code _____ Exp. Date _____

Billing Address: _____

Email: _____ Phone: _____