

A separate form is required for each communication. If the communication supports or opposes more than one candidate or ballot measure, separate forms must also be filed for each candidate or measure, and the spending amounts reported on page 2 of this form must be apportioned among them. A color copy of the communication must also be attached to each form. If the communication is not available when this form must be filed, the form must be amended to include the communication within one business day after the communication becomes available.

Original Filing **Amendment:** Date of Signed Original _____ Date of Last Amendment _____

Filer Information

Name of Filer	ID Number (for committees)
Name of Principal Officer (for committees)	
Address	
Email Address	Phone Number

Certification

I certify under penalty of perjury under the laws of the City of Los Angeles and the State of California that I am the filer or an agent of the filer, that the communication disclosed on this form was not behested by a candidate who benefitted from it, and that all the information reported through this form is true and complete.

_____	_____	_____
Filer/Principal Officer Name	Filer/Principal Officer Signature	Date
_____	_____	_____
Treasurer/Agent Name	Treasurer/Agent Signature	Date

1

Notification

Type	Purpose	Candidate or Ballot Measure
<input type="radio"/> Independent Expenditure	<input type="radio"/> Support	<input type="radio"/> Candidate
<input type="radio"/> Membership Communication	<input type="radio"/> Oppose	<input type="radio"/> Ballot Measure
Name of Candidate or Ballot Measure		Election Date

2 Communication

Name of Communication	
Type	
<input type="radio"/> Billboard	<input type="radio"/> Digital Ad
<input type="radio"/> Print Ad	<input type="radio"/> Radio
<input type="radio"/> Web Video	<input type="radio"/> Other-Audio
<input type="radio"/> Door Hanger	<input type="radio"/> Sign
<input type="radio"/> Other-Print	<input type="radio"/> Other- Video
<input type="radio"/> Email	<input type="radio"/> Telephone
<input type="radio"/> Flyer	<input type="radio"/> Television
<input type="radio"/> Mailing	<input type="radio"/> Text Message
Distributions	
Date of Distribution	Number of Distributions
Date of Distribution	Number of Distributions
Date of Distribution	Number of Distributions
Date of Distribution	Number of Distributions
Date of Distribution	Number of Distributions
Disclaimers	
<input type="radio"/> I affirm that this communication includes all mandatory disclaimer language in the required format.	
Only required if filer is a committee:	
<input type="radio"/> I affirm that this communication includes the names of all major funders.	
Copy	
Electronic copies of the communication filed with this notification must be filed in the following formats:	
Print Communication: Color PDF	
Audio Communication: MP3/WAV Audio File and PDF of Script	
Video Communication: MP4 Video File and PDF of Script	
<input type="radio"/> I have e-mailed a color copy of the communication in the required format to the Ethics Commission at ethics.cefs@lacity.org.	
OR	
<input type="radio"/> I have <u>not</u> e-mailed a copy of the communication to the Ethics Commission because it is not available at this time. I am aware that within one business day after the communication becomes available, I must e-mail a color copy of the communication in the required format to the Ethics Commission at ethics.cefs@lacity.org and I must amend this notification to affirm that I have e-mailed the communication.	

3 Spending Information

Page ____ of ____

In the spaces below, identify the amount of spending per payee that was made or incurred for the candidate or ballot measure identified on page 1. Use additional sheets if necessary.

Date (made or incurred)	Amount (made or incurred)	Payee (name and address)
Payee Services (all services provided by payee for reported amount)		
Vendor #1	Name and address of vendor used by payee for reported amount (if applicable)	
	Name and address of each sub-vendor used by vendor for reported amount (if applicable)	
1. _____		
2. _____		
3. _____		
Vendor #2	Name and address of vendor used by payee for reported amount (if applicable)	
	Name and address of each sub-vendor used by vendor for reported amount (if applicable)	
1. _____		
2. _____		
3. _____		
Vendor #3	Name and address of vendor used by payee for reported amount (if applicable)	
	Name and address of each sub-vendor used by vendor for reported amount (if applicable)	
1. _____		
2. _____		
3. _____		

4 Contributions Made

Page ____ of ____

Persons making independent expenditure communications are required to disclose all contributions of \$100 or more that they made in the current calendar year to any candidate or committee in the same jurisdiction as the one in which the independent expenditure communication is made.

I did not make any reportable contributions.

OR

I made the following reportable contributions (use additional sheets if necessary):

Committee Name	ID Number	Date Contributed	Amount Contributed
For candidates, identify office sought (including district number, if applicable):			

Committee Name	ID Number	Date Contributed	Amount Contributed
For candidates, identify office sought (including district number, if applicable):			

Committee Name	ID Number	Date Contributed	Amount Contributed
For candidates, identify office sought (including district number, if applicable):			

Committee Name	ID Number	Date Contributed	Amount Contributed
For candidates, identify office sought (including district number, if applicable):			

5 Contributions Received

Page ____ of ____

Committees making independent expenditure communications must report information about contributions of \$100 or more that they received since the later of their most recent campaign statement or the first day of the calendar year. This does not apply to contributions earmarked for purposes outside the jurisdiction in which the independent expenditure communication is made. Please select one of the following options:

I am not a committee and I did not receive any reportable contributions.

OR

I received the following reportable contributions (use additional sheets if necessary):

Contributor's Full Name	Date Received	Amount Received
Contributor's Address: _____		
Contributor's Employer: _____		
Contributor's Job Title: _____		

Contributor's Full Name	Date Received	Amount Received
Contributor's Address: _____		
Contributor's Employer: _____		
Contributor's Job Title: _____		

Contributor's Full Name	Date Received	Amount Received
Contributor's Address: _____		
Contributor's Employer: _____		
Contributor's Job Title: _____		