

Contributor Certification (Required)

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: _____
	<u>Your residence address is required for the candidate to receive a match of public funds.</u> 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 \$1,000. 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 am not a planning applicant, owner, or principal that is prohibited from contributing under Los Angeles Municipal Code § 49.7.37.

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: _____

Contribution amount: ☐\$1,000 ☐\$500 ☐\$250 ☐\$100 ☐Other: \$ _____

Contribution type: ☐Cash (\$30 maximum) ☐Payable to Barri Worth Girvan for City Council 2026 General ☐Credit card:

Name on Card: _____ Exp. Date: _____

Card Number: _____ Security Code: _____

Billing Address: _____

Email: _____ Phone: _____

Contributions to this committee are not tax-deductible as charitable contributions for federal income tax purposes.
Paid for by Barri Worth Girvan for City Council 2026 General ID# 1492340– 16633 Ventura Blvd. #1008, Encino, CA 91436
Additional information is available at ethics.lacity.org