Dr. Nadine Diaz for LA City Council District 14 - March 5, 2024

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) Job Title: Employer / Name of Company: Your residence address is required for the candidate to re different contact address instead, but it cannot be matche Contact Address: Street / Unit # (no PO boxes)	City ceive a match of public f		Zip Code provide a Zip Code
Complete this portion if the contribution is from a BUSINESS*	I certify that this contribution is from business funds. Business Name:		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 \$900. 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 cor	nplete one of the following:		
The LLC qualifies	as a recipient committee.		me of principal officer:		
The LLC qualifies	as a major donor committe	ee or an independent expend			
The LLC does not	t qualify as a committee.				
Contribution amount:	□\$900 □\$500	□\$250 □\$100	□Other: \$		
Contribution type:	□Cash (\$30 maximum) □Credit card:	□Check made payable to	Dr. Diaz for LA City Council 2024		
	Name on Card:		Exp. Date:		
	Card Number:		Security Code:		
	Billing Address:				
			Phone:		