

**LOS ANGELES COUNTY DEMOCRATIC PARTY
ENDORSEMENT RECOMMENDATION
REIMBURSEMENT REQUEST FORM**

Please submit this form, along with the receipts for all pertinent expenses listed below, to the Los Angeles County Democratic Office within three (3) weeks of the Endorsement Recommendation Meeting. Please send to:

Los Angeles County Democratic Party
c/o Clark Lee, Political Director
3550 Wilshire Blvd. Suite 1203
Los Angeles, CA 90010

Reimbursement Requester

Name: _____ Phone (Cell): _____ Phone (Home): _____ Phone (Work): _____

Email: _____ SSN: _____

Address: _____ City: _____ ZIP: _____

Reimbursement Claims

Date (mm/dd/yy)	Item	Purpose	Amount
Total Expenses:			

I certify that all expenses incurred and reported above were for official business of the Los Angeles County Democratic Party.

Signature

Date