

CONTRIBUTOR UNDER EIGHTEEN YEARS OF AGE

Template letter to address Invalid Matching Claims



This letter may be used to address the following [Invalid Matching Claim Code\(s\)](#):

SRC-6: Contributor is Under Eighteen Years of Age

Send this letter to a contributor to complete and return to your campaign:

- ✓ Review the letter and confirm it addresses the [Invalid Matching Claim Code\(s\)](#) cited in your campaign's Statement Review.
- ✓ Insert all required information. (i.e., contributor and contribution-specific information and campaign contact information).
- ✓ Send the letter by mail or email to the contributor and direct the contributor to return it to your campaign.

If you have any questions, contact the Candidate Services Unit at (212) 409-1800 or CSUmail@nyccfb.info.

Committee Use Only Transaction ID: _____
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Dear _____ :

I want to take this opportunity to thank you for your contribution to _____.

The New York City Campaign Finance Board (CFB) matches contributions received from individual New York City residents with public funds. In cooperation with the requirements of the CFB, please confirm the information below regarding your contribution made on _____ in the amount of \$ _____ by _____ .

CFB rules only allow contributions to be matched with public funds if the contributor is 18 years of age or over at the time of the contribution. Please check which of the following is applicable to your contribution:

- I was 18 or over at the time of the contribution.
- I was under 18 at the time of the contribution and the contribution was made with my own personal funds. (Note: If this is the case, your contribution is acceptable, but will not be matched with public funds.)
- Other (explain): _____

I hereby affirm that the information above is true and correct.

Contributor's Signature

Current Date

Please return this letter to the campaign as soon as possible by mail or email:

If you have any questions, please contact us at _____ or _____.

Thank you again for your support.