

## MISSING/INCOMPLETE EMPLOYMENT INFORMATION

Template letter to address Invalid Matching Claims



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

RPT-2: Required Contributor Employment Information Not Reported

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](mailto:CSUmail@nyccfb.info).

**Committee Use Only**  
Transaction ID: \_\_\_\_\_

Dear \_\_\_\_\_ :

I want to take this opportunity to thank you for your contribution to \_\_\_\_\_  
made on \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ by \_\_\_\_\_.

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 provide your full employment information below.

**NOTE:** If you are not employed, indicate what best describes your employment status (e.g., “homemaker”, “retired”, “student,” or “unemployed”). If self-employed, indicate the employer as “self” and provide your occupation and employment address.

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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.