



## MISSING/INCOMPLETE RESIDENTIAL INFORMATION

This letter may be used to address the following [invalid matching claim code\(s\)](#) found in your campaign's statement review:

[RPT-4: Incomplete Address or P.O. Box Reported](#)

[SRC-10: Contributor Has a Non-Residential Address](#)

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

- ✓ 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.

This letter can also be generated directly from C-SMART. For more information, see [C-SMART Help](#).

For more information on responding to invalid matching claims, refer to the [Invalid Matching Claims \(IMC\) Codes](#) guidance document and Chapter 5 of the [Campaign Finance Handbook](#). If you have any questions, contact Candidate Services at (212) 409-1800 or [CSUmail@nyccfb.info](mailto:CSUmail@nyccfb.info).

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

Dear \_\_\_\_\_ ,

Thank you for your \$\_\_\_\_\_ contribution to \_\_\_\_\_  
on \_\_\_\_\_ .

The New York City Campaign Finance Board (CFB) matches contributions received from individual New York City residents with public funds at a [\\$6-to-\\$1 rate](#). In order for your contribution to be eligible for match, please provide your full residential address in the space below.

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

City/State/ZIP: \_\_\_\_\_

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.