



GOVERNMENT OF DISTRICT OF COLUMBIA
OFFICE OF CAMPAIGN FINANCE
WASHINGTON, D.C. 20009

AFFIRMATION STATEMENT FOR BUSINESS CONTRIBUTOR

(This form should be retained by the receiving committee for at least three years from the date of filing the termination report of the committee.)

Date of Contribution: _____ Contribution Amount: _____

Contribution Type: Monetary ___ Non-Monetary ___

Description if non-monetary: _____

Name of Business making Contribution: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Recipient Committee: _____

I _____, individual acting on behalf of the above named Business Contributor,

Affirm, subject to penalties of perjury, that the Business Contributor is authorized to make this contribution under the District of Columbia Campaign Finance Act of 2011, as amended; and that for each contribution made to this committee, that no affiliated entities of this business contributor with whom the contribution limit is shared, have contributed an amount that when aggregated with the contribution made herewith, would exceed the contribution limits imposed by the Campaign Finance Act, for a business contributor relating to this campaign for the office sought.

Print Full Name and address of Individual Acting on behalf of the Business Contributor

Signature of Individual acting on behalf of the Business Contributor

DATE

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

Names and Address of all Individual Owners of the Business Contributor

Full Name of Individual Owner:
Full Mailing Address and Zip Code:

Names and Address of all Affiliated Entities of the Business Contributor and their Individual Owners*, as well as the Business Type, Contribution Type, and the Date and Total Amount of each Contribution or Expenditure made by the Affiliated Entities to the Committee

Full Name of Affiliated Entity:
Full Mailing Address and Zip Code:
Business Type: Corporation ___ Partnership ___ Limited Liability Company ___ Sole Proprietorship ___ Other _____
Date Contribution or Expenditure Made (month, day, year):
Contribution Type: Cash ___ Money Order ___ Check ___ Cashier Check ___ Credit Card ___ In Kind ___ (specify) Other ___ (specify)
Total Amount of Receipt:
Full Names and Mailing Addresses of Owners:

The term “Affiliated entity” means each business entity that is related to the entity by virtue of one of the following relationships: (1) one of the entities controls the other; or (2) the entities share a controller, whether that controller is another entity or an individual. See D.C. Official Code § 1-1161.01 (2A) (2001 Edition, as amended).