Contributor Certification (Required)

		I certify that this contribution is from my personal funds.					
	Name:						
Complete this	Residence Addres	s:					
portion if the		Street / Unit # (no PO boxes)		City	State	Zip Code	
contribution is	5	_					
from an		Your residence address is required for the candidate to receive a match of public funds. You may provide a different contact address instead, but it cannot be matched.					
INDIVIDUAL	Tour residenc						
	Contact Addr	ess:					
		Street / Unit # (<u>no PO boxes</u>)		City	State	Zip Code	
Complete this portion if the	i certify that this t	contribution is from business fur	ds.				
contribution is							
from a	Business Address:	Street / Unit # (no PO boxes)					
BUSINESS*		Street / Unit # (no PO boxes)		City	State	Zip Code	
-	g applicant, owner, or ploof perjury under the laws	rincipal that is prohibited from o	-	_	•		
Name			Date				
Signature			Title (if signing	g for a busin	ess)		
		any (LLC), please select and c	omplete one of the	following:			
	s as a recipient committe ttee:	ee. <i>N</i>	lame of principal off	icer:			
☐ The LLC qualifies Name of respon		nittee or an independent expe	nditure committee.				
	ot qualify as a committee ual primarily responsible	e. for approving contribution:	710				
Contribution amount:	□\$800 □\$500	□\$250 □\$100	□Other: \$				
Contribution type:		□Cash (\$30 maximum) □Check made payable to [committee name] □Credit card:					
	Name on Card:			E	Exp. Date:		
	Card Number:			Securi	ity Code:		
	Billing Address:						
Email:			Pho	ne:			