



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.

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

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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).