





Business Name*:	Tax ID*:
Business Mailing Address *:	
Select State/Region:	Post Code:
List the name and title of the individual completing	g the form on behalf of the business.
Business Title *:	
Name *:	
Email *:	
D.C. Law 22-250. Campaign Finance Reform Amendment Ad	et of 2018. D.C. Law Library (decouncil.gov)
to any of the following: (i) the Mayor, (ii) any of	or any of its Principals made a political contribution candidate for Mayor, (iii) any political committee r, or (iv) any constituent-service program affiliated
to any of the following: (i) the Attorney General,	or any of its Principals made a political contribution (ii) any candidate for Attorney General, or (iii) any neral or a candidate for Attorney General? [yes/no]
to any of the following: (i) any Councilmember	or any of its Principals made a political contribution (ii) any candidate for Councilmember, (iii) any ber or a candidate for Councilmember, or (iv) any cil member? [yes/no]
Prior to the date of this of this Certification, has the of D.C. Official Code § 1-1163.34a? [yes/no]	e business entity been determined to be in violation
Is the business entity currently in violation of D.C.	Official Code § 1-1163.34a? [yes/no]
Does the business entity certify that it will not be [yes/no]	e in violation of D.C. Official Code § 1-1163.34a?
Who else will modify this certification for the business	ness?
Modifier1:	
Modifier2:	





Check to certify that the information is accurate and complete. *		
Check to acknowledge that the business must always keep these records updated*		
Check to certify that the business entity currently is not and will n Campaign Finance Reform Amendment Act of 2018 \ast	ot be in violation of the	
On behalf of the Contractor:		
Name & Signature	Date	
Sworn to this before me thisday of20	-	
Notary Public	My commission expires	<u> </u>