





CONTRACTOR SELF-CERTIFICATION

Business Name*:	Tax ID*:	
Business Mailing Address *:		
Select State/Region:	Post Code:	
List the name and title of the individual con	npleting the form on behalf of the business	
Business Title *:		
Name *:		
Email * :		
D.C. Law 22-250. Campaign Finance Reform Amend	dment Act of 2018. D.C. Law Library (dccouncil.gov)	
to any of the following: (i) the Mayor, (ii	entity or any of its Principals made a political contribution any candidate for Mayor, (iii) any political committee Mayor, or (iv) any constituent-service program affiliated	
to any of the following: (i) the Attorney Ge	entity or any of its Principals made a political contribution eneral, (ii) any candidate for Attorney General, or (iii) any eney General or a candidate for Attorney General?	
to any of the following: (i) any Counciln	entity or any of its Principals made a political contribution number, (ii) any candidate for Councilmember, (iii) any cilmember or a candidate for Councilmember, or (iv) any a Council member?	Ves/No
Who else will modify this certification for t	he business?	
Modifier1:		
Modifier2:		
Check to certify that the information is accu	arate and complete. *	
Check to acknowledge that the business mu	st always keep these records updated*	
Campaign Finance Reform Amendment Ac		
Sworn to this before me thisday of	20	
Notary Public	My commission expires	