



Political Contribution Reporting Form

****REQUIRED FORM****

All contributions and payments must comply with applicable federal, state and local laws, rules and regulations.

Registrant's first and last name: _____

Title: _____

Do you have any political contributions to report at this time? Yes No
(If no, skip to bottom of the form, and sign)

Name of person or entity making the contribution (if other than registrant):

Recipient's Name: _____

Title: _____

What office or position is the recipient is running for?: _____

Does the recipient currently hold a government office or position? _____

If yes, what is that office or position: _____

Proposed contribution amount (dollar value): _____

If previous contributions have been made to the same candidate in the same election, list the aggregate amount of all previous contributions _____

Are you eligible to vote for the candidate? Yes No

Intended date of contribution: _____

By signing below, I am attesting to the fact that I have not and will not, solicit contributions from others, or coordinate contributions to elected officials, current candidates, or political parties where CIA is providing or seeking government business.

Signature: _____

---Reviewer Use Only---

Reviewed by: _____ Title: _____ Date: _____

Approval is: ___granted ___not granted

Describe any necessary follow up: _____
