



Ye	You can	count on me	e/us participatir	ng at the followi	ng level:						
\$1,000	\$500	\$250		OTHER							
THIS CONTRIB	UTION IS FROM	:	PLEASE MA	KE CHECK(S) PAYABLE TO	。 同 恋 当同						
☐ Business (Name	of business):		1061 Sout	"Shane Abbott Campaign" 1061 South 2nd Street Defuniak Springs, FL 32435							
☐ Individual (First	& Last Name):		407-849-1 rick@polit	Contact: Rick Porter 407-849-1112 rick@politicalcapitalflorida.com voteshaneabbott.com							
individual making the of from contributing unle	contribution must sign the ss they have a green car	ne check. A husband d. Donor information	and wife must each sign se	deductible for federal inco parate checks. Foreign nat ist include donor's full nam	ionals are prohibited						
CONTRIBUTOR	NFORMATION										
Contact Name Pre	fix First _		Middle	Last	\mathbf{A}						
Address			Home Phone								
City		State	_ Zip	Work Phone							
Type of Business (Fo	r Corporations)										
Cell Phone		Email									
Employer			Occupation								
CREDIT CARD CO	ONTRIBUTIONS										
Credit Card: (Check	One) 🗆 VISA	□ mastercard □	AMERICAN DISC	VER'							
This Card Is Used Fo	r: 🗆 Business	□ Personal	If business, name of	business							
Card Number				Amount _\$							
Expiration Date _		CSC	Cardholder Name								
Signature				Date							

CONTRIBUTIONS ARE NOT DEDUCTIBLE FOR FEDERAL INCOME TAX PURPOSES. THE MAXIMUM CONTRIBUTION ALLOWED BY FLORIDA LAW IS \$1,000 PER INDIVIDUAL OR BUSINESS.

Paid by Shane Abbott, Republican, for State Representative.

Evont	Code:	
Event	Code:	

Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

betor	e y	bu begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.										
	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)								regarded			
	Sł	nane Abbott Campaign										
	2 Business name/disregarded entity name, if different from above.											
Print or type. See Specific Instructions on page 3.	3b	Check the appropriate box for federal tax classification of the entity/individual whose name is entered only one of the following seven boxes. Individual/sole proprietor	Trus for the ta	t/est x prop atior	ate riate n, k	Exer Con cod	ertain e ee insti mpt pa mption npliance (if an pplies outsid	yee of from the Action of the	es, nons of code of the code o	nts mair	duals; 3): count Tax corting	
1	6	City, state, and ZIP code										
	Ta	llahassee, FL 32301										
	7	List account number(s) here (optional)										
Par	H	Taxpayer Identification Number (TIN)										
		r TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo	-:-1	So	cial s	ecurity	numb	er				
backu	o w	ithholding. For individuals, this is generally your social security number (SSN). However, fo	old or a		П							
reside	nt a	lien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other				-			-			
entities	s, it	is your employer identification number (EIN). If you do not have a number, see How to get	t a	or					I			
TIN, la	ter.			-	nlove	er ident	ificati	on ni	ımh	or		
Note:	lf th	ne account is in more than one name, see the instructions for line 1. See also What Name a	and		- pioy	- Idelli	T	<u> </u>	11115	-	$\overline{}$	
Numbe	er 7	o Give the Requester for guidelines on whose number to enter.		8	l d	- 2	0	4	5	7 0	7	
Part	П	Certification	-				Ш					
Under	ре	nalties of perjury, I certify that:										
		mber shown on this form is my correct taxpayer identification number (or I am waiting for a	a numbe	er to	he is	hauss	to ma). an	ч			
2. I am Sen	nc ice	of subject to backup withholding because (a) I am exempt from backup withholding, or (b) I (IRS) that I am subject to backup withholding as a result of a failure to report all interest o ler subject to backup withholding; and	I have n	ot b	een i	notified	bv th	ne In	terr	al Reve d me t	enue nat I am	
3. I am	а	J.S. citizen or other U.S. person (defined below); and										
4. The	FΑ	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	g is con	ect.								
Certific becaus acquisi	cat se y itio	ion instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transaction or abandonment of secured property, cancellation of debt, contributions to an individual reting interest and dividends, you are not required to sign the certification, but you must provide you	ou are c ns, item rement a	urre 2 d	ntly s oes n	ot app ent (IR	ly. For A), and	r mo d. ae	rtga	ge inter allv. pav	est paid, ments	
Sign Here		Signature of	ate	_		3		2 (5	2	 	
					<u>-</u>	_			-			

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they