



	• You can	count on m	e/us pari	ticipating	at the followi	ng level:					
\$1,000	\$500	\$250		\$100	OTHER						
THIS CONTRIBU	TION IS FROM	:		PLEASE MAKE	CHECK(S) PAYABLE T	o: 					
☐ Business (Name of business):				"Shane Abbott Campaign" 1061 South 2nd Street Defuniak Springs, FL 32435							
□ Individual (First & Last Name):				Rick Porter 407-973-3010 Rick@Porter-Strategies.com voteshaneabbott.com							
The maximum personal cindividual making the confrom contributing unless address, occupation (if co	ntribution must sign tl they have a green car orporation, type of bu	ne check. A husband d. Donor informatio	and wife must n accompanyin	each sign separa ng checks must in	te checks. Foreign na	tionals are prohibited					
CONTRIBUTOR IN	FORMATION										
Contact Name Prefix	First _		Middle	e	Last						
Address			Home	Phone							
City		_ State	Zip	Wo	rk Phone						
Type of Business (For G	Corporations)										
Cell Phone		Email									
Employer			_ Occupatio	on							
CDEDIT CARD COL	UTDIDUTIONS										
CREDIT CARD CO	ATRIBUTIONS										
Credit Card: (Check O	ne) 🗆 VISA	□ mostercard [AMERIKAN EXPRESS	DISC V	ER [*]						
This Card Is Used For:	☐ Business	☐ Personal	If busines	s, name of busi	iness						
Card Number				Am	ount <u>\$</u>						
Expiration Date		csc	Cardho	older Name _							
Signature				Dat	e						

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.

Event	Code:	
Lveni	Coue.	

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 <i>Purpose of Form</i> , below.													
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the of entity's name on line 2.)	wner's n	ame	on lin	e 1, an	d en	ter the	bus	ness/dis	regarded				
	Shane 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	ate riate n, k	Exe Con cod	ertailee in mpt i mptie nplia le (if a	n entitinstruction payee fon from from from from from from from from	code m Fo ct (FA	ATČA) re	duals; 3): count Tax porting				
1	6	City, state, and ZIP code													
	Ta	llahassee, FL 32301													
	7	List account number(s) here (optional)													
Par	ŧΙ	Taxpayer Identification Number (TIN)													
Enterv	/OU	r TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid	So	cial s	ecurity	curity number								
backu	ρw	rithholding. For individuals, this is generally your social security number (SSN). However, for	or a		П		Т	T			TT				
reside	nt a	alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other				-	1		-						
entities	s, it	is your employer identification number (EIN). If you do not have a number, see How to ge	t a	or					l						
TIN, la	ter.			Em	ploye	er iden	tifica	ation r	umb	er					
Note:	lf th	ne account is in more than one name, see the instructions for line 1. See also What Name	and		Ħ	Г	T	T			$\overline{}$				
Numbe	er 7	o Give the Requester for guidelines on whose number to enter.		8	6	- 2	: O) 4	5	7 0	7				
Part	П	Certification													
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 numbe	er to	he i	hauss	to n	ne). ai	nd						
2. I am Sen	nc ice	of subject to backup withholding because (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest of the subject to backup withholding; and	I have n	ot b	een i	notifie	d by	the l	nterr	nal Reve ed me t	enue hat I am				
3. I am	а	U.S. citizen or other U.S. person (defined below); and													
4. The	FA	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportin	g is con	rect.											
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 retininterest and dividends, you are not required to sign the certification, but you must provide you	ou are cons, item	urre 2 d arrar	ntly s oes n	ot app ent (IR	ly. F	or mo	ortga ener	ige inter allv. pa	rest paid, vments				
Sign Here		Signature of	ate	_		3		2	<u></u>	2	+				
^						_									

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