

You can count on me/us participating at the following level:

\$1,000	\$500	\$250	·	\$100	OTHER						
THIS CONTRIBU	JTION IS FROM	:		PLEASE MAKE (CHECK(S) PAYABLE	ro:					
☐ Business (Name of business):				"Mike Giallombardo Campaign" P.O. Box 100594 Cape Coral, FL 33904							
☐ Individual (First 8	□ Individual (First & Last Name):				Contact: Rick Porter 407-849-1112 Secure Fax Line: 321-697-7092 rick@politicalcapitalflorida.com www.mikegforflorida.com						
The maximum personal individual making the cofrom contributing unless address, occupation (if o	ontribution must sign th s they have a green card	e check. A husband d. Donor information	and wife must n accompanyin	each sign separa ng checks must in	te checks. Foreign na	ntionals are prohibited					
CONTRIBUTOR IN	IFORMATION										
Contact Name Prefi	x First _		Middle	e	Last	<u> </u>					
Address			Home	Phone							
City		_ State	Zip	Wo	rk Phone						
Type of Business (For	Corporations)										
Cell Phone		Email									
Employer			_ Occupatio	on							
CREDIT CARD CO	NTRIBUTIONS										
Credit Card: (Check C	One) 🗆 VISA	□ mastercard □	AMERICAN EXPRESS	DISCOVI	ER [*]						
This Card Is Used For:	□ Business	□ Personal	If busines	s, name of busi	ness						
Card Number				Am	ount _\$						
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 Mike Giallombardo, Republican, for State Representative.

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.

Before you 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			
	Mi	Mike Giallombardo Campaign									
	2 Business name/disregarded entity name, if different from above.										
Print or type. c Instructions on page	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. □ Individual/sole proprietor □ C corporation □ S corporation □ Partnership □ Trust/estate □ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☑ Other (see instructions) 527 IRC Candidate Campaign 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions					Exem Composed	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) (Applies to accounts maintained outside the United States.)				
See	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name			and address (optional)					
	11	03 Hays Street									
		City, state, and ZIP code									
Ľ	Tallahassee, Florida 32301										
	7	7 List account number(s) here (optional)									
Par		Taxpayer Identification Number (TIN)									
Lines your first the appropriate box. The first provided must match the name given on line i to avoid				curity	curity number						
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other			- -								
TIN, la		is your employer identification number (EIN). If you do not have a number, see How to ge	ta	or							
				Em	ploye	r identi	ridentification number				
Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter.			- 1	9 7	1	4 3	2				
Parl	1	Certification									
	•	nalties of perjury, I certify that:									
1. The	nui	mber shown on this form is my correct taxpayer identification number (or I am waiting for	a numbe	r to	be is	sued t	o me);	and			
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and											
3. I am a U.S. citizen or other U.S. person (defined below); and											
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.											
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.											
Sign Here	Sign Signature of										

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