

NICK   
DiCEGLIE  
FOR STATE SENATE

**Yes!**

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

\$1,000     \$500     \$250     \$100     OTHER \_\_\_\_\_

**THIS CONTRIBUTION IS FROM:**

Business (Name of business):  
\_\_\_\_\_  
 Individual (First & Last Name):  
\_\_\_\_\_

**PLEASE MAKE CHECK(S) PAYABLE TO:**

“Nick DiCeglie Campaign”  
9800 4th St. N. Suite 200  
St. Petersburg, FL 33702

Contact: Rick Porter  
[rick@politicalcapitalflorida.com](mailto:rick@politicalcapitalflorida.com)  
[www.NickDiCeglie.com](http://www.NickDiCeglie.com)







**SCAN ME**

The maximum personal or corporate contribution is \$1,000 per election. Contributions are not deductible for federal income tax purposes. The individual making the contribution must sign the check. A husband and wife must each sign separate checks. Foreign nationals are prohibited from contributing unless they have a green card. Donor information accompanying checks must include donor’s full name, street mailing address, occupation (if corporation, type of business), phone number(s) and email address.

**CONTRIBUTOR INFORMATION**

Contact Name Prefix \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
Type of Business ( For Corporations) \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**CREDIT CARD CONTRIBUTIONS**

Credit Card: (Check One)                      
This Card Is Used For:     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.**

Event Code: \_\_\_\_\_

Paid by Nick DiCeglie, Republican, for State Senate.

## Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.

<b>Print or type.</b> <b>See Specific Instructions on page 3.</b>	<p><b>1</b> 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.)</p> <p><b>Nick DiCeglie Campaign</b></p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above.</p>	
	<p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor                    <input type="checkbox"/> C corporation                    <input type="checkbox"/> S corporation                    <input type="checkbox"/> Partnership                    <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .  <b>Note:</b> 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.  <input checked="" type="checkbox"/> Other (see instructions) <b>Candidate Campaign</b> </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p><b>3b</b> 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 . . . . . <input type="checkbox"/></p>	
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p> <p><b>2840 West Bay Drive #211</b></p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p> <p><b>Belleair Bluffs, Florida 33770</b></p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

<p><b>Part I Taxpayer Identification Number (TIN)</b></p> <p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid 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 entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later.</p> <p><b>Note:</b> If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="text-align: center;">[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>or</b></td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="text-align: center;">8 2 - 2 6 3 2 8 3 1</td> <td></td> </tr> </table>	<b>Social security number</b>		[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]		<b>or</b>		<b>Employer identification number</b>		8 2 - 2 6 3 2 8 3 1	
<b>Social security number</b>											
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]											
<b>or</b>											
<b>Employer identification number</b>											
8 2 - 2 6 3 2 8 3 1											

<p><b>Part II Certification</b></p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and</li> <li>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</li> <li>I am a U.S. citizen or other U.S. person (defined below); and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol> <p><b>Certification instructions.</b> 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.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>Sign Here</b></td> <td style="width: 50%;"> <p>Signature of U.S. person </p> </td> <td style="width: 40%;"> <p>Date <b>3-14-2024</b></p> </td> </tr> </table>	<b>Sign Here</b>	<p>Signature of U.S. person </p>	<p>Date <b>3-14-2024</b></p>
<b>Sign Here</b>	<p>Signature of U.S. person </p>	<p>Date <b>3-14-2024</b></p>		

**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](http://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