



Contribution Form

Contribution Type: Check Cash Amount: \$ _____

Contributor Name: _____

Home Address: _____

City/State/Zip: _____

County of Residence: _____

Phone: _____ Email: _____

*OCCUPATION: _____ *EMPLOYER: _____

_____ I certify that I am a resident of Montgomery County, Maryland. I am making this contribution in support of Will Jawando for Montgomery County. **(Please CHECK if you are a Montgomery County resident. If not, please leave it blank. This is for public finance purposes only.)**

I understand that State law and County regulations require that a contribution be in my name and be from my own funds. I hereby affirm that this contribution is being made from my personal funds, is not being reimbursed in any manner, and is not being made as a loan; in addition, in the case of a credit card contribution, I also hereby affirm that this contribution is being made from my personal credit card account, billed to and paid by me for my personal use, and has no corporate or business affiliation.

*Contribution Notice: Individual aggregate contributions to Will Jawando for Montgomery County may not exceed \$500.00 per election cycle. Contributions of \$500 in aggregate require reporting of employer and occupation information. Contributions must be made from the donor's own personal funds, are not reimbursed in any manner, and cannot be made from the funds of a corporation, labor organization, or another person. Contributions must be made using a personal credit or debit card for which the donor has a legal obligation to pay.

Contributor's Signature

Date of Contribution

By Authority: Will Jawando for Montgomery County; Michelle Rush, Treasurer.