

GUIDELINE FOR PRESENTATION IN GOOD ORDER

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GUIDELINE FOR PRESENTATION IN GOOD ORDER

APPENDICES

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**SUGGESTED FORMAT
FOR CANDIDATE AND COMMITTEE AGREEMENTS
AND CERTIFICATIONS**

Chairman
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Dear Mr. Chairman:

As a candidate seeking to become eligible to receive Presidential primary matching funds, I certify and agree to the following provisions as prescribed at 11 CFR §9033.1 and 11 CFR §9033.2.

- I. In accordance with 11 CFR §9033.2(b)(1) and 11 CFR §9033.2(b)(3), I certify that I am seeking the nomination of the (name of political party) for election to the Office of President in more than one State. I and/or my authorized committee(s) have received matchable contributions, which in the aggregate exceed \$5,000 from residents of each of at least twenty States, which with respect to any one person do not exceed \$250.00.
- II. Pursuant to 11 CFR §9033.2(b)(2), I and/or my authorized committee(s) have not incurred and will not incur qualified campaign expenses in excess of the expenditure limitations prescribed by 26 U.S.C. §9035 and 11 CFR §9035.
- III. In accordance with 11 CFR §9033.1(b)(1), I acknowledge that I have the burden of proving that disbursements made by me, and any of my authorized committee(s) or agents are qualified campaign expenses as defined at 11 CFR §9032.9.
- IV. Pursuant to 11 CFR §9033.1(b)(2), I and my authorized committee(s) will comply with the documentation requirements set forth in 11 CFR §9033.11.
- V. Upon the request of the Commission, I and my authorized committee(s) will supply an explanation of the connection between any disbursement made by me or my authorized committee(s) and the campaign as prescribed by 11 CFR §9033.1(b)(3).
- VI. In accordance with 11 CFR §9033.1(b)(4), I and my authorized committee(s) agree to keep and furnish to the Commission all documentation for matching fund submissions, any books, records (including bank records for all accounts) and supporting documentation and other information that the Commission may request.
- VII. As provided at 11 CFR §9033.1(b)(5), I and my authorized committee(s) agree to keep and furnish to the Commission all documentation relating to disbursements

and receipts including any books, records (including bank records for all accounts), all documentation required by this section (including those required to be maintained under 11 CFR §9033.11), and other information that the Commission may request. If I or my authorized committee(s) maintains or uses computerized information containing any of the categories of data listed in 11 CFR §9033.12(a), the committee will provide computerized magnetic media, such as magnetic tapes or magnetic diskettes, containing the computerized information at the times specified in 11 CFR §9038.1(b)(1) that meet the requirements of 11 CFR §9033.12(b). Upon request, documentation explaining the computer system's software capabilities shall be provided and such personnel as are necessary to explain the operation of the computer system's software and the computerized information prepared or maintained by the committee(s) shall be made available.

- VIII. As prescribed at 11 CFR §9033.1(b)(6), I and my authorized committee(s) will obtain and furnish to the Commission upon request all documentation relating to funds received and disbursements made on my behalf by other political committees and organizations associated with me.
- IX. In accordance with 26 U.S.C. §9038 and 11 CFR §9033.1(b)(7), I and my authorized committee(s) shall permit an audit and examination pursuant to 11 CFR §9038 of all receipts and disbursements, including those made by me, all authorized committee(s) and any agent or person authorized to make expenditures on my behalf or on behalf of my authorized committee(s). I and my authorized committee(s) shall also provide any material required in connection with an audit, investigation, or examination conducted pursuant to 11 CFR §9039. I and my authorized committee(s) shall facilitate the audit by making available in one central location, office space, records and such personnel as are necessary to conduct the audit and examination, and shall pay any amounts required to be repaid under 11 CFR §9038 and 11 CFR §9039.
- X. Pursuant to 11 CFR §9033.1(b)(8), the person listed below is entitled to receive matching fund payments on my behalf, which will be deposited into the listed depository, which I have designated as the campaign depository. Any change in the information required by this paragraph shall not be effective until submitted to the Commission in a letter signed by me or the Treasurer of my authorized principal campaign committee.

Name of Person: _____

Mailing Address: _____

Designated
Depository: _____

Address: _____

- XI. Pursuant to 11 CFR §9033.1(b)(9), 11 CFR §9033.1(b)(10), and 11 CFR §9033.1(b)(11), I and my authorized committee(s) will: (A) prepare matching fund submissions in accordance with the Federal Election Commission's Guideline for Presentation in Good Order, including the provision of any magnetic media pertaining to the matching fund submissions and which conforms to the requirements specified at 11 CFR §9033.12; (B) comply with the applicable requirements of 2 U.S.C. §431 *et seq.* 26 U.S.C. §9031 *et seq.* and the Commission's regulations at 11 CFR Parts 100-300, and 9031-9039; (C) pay any civil penalties included in a conciliation agreement or otherwise imposed under 2 U.S.C. §437g against myself, any of my authorized committee(s) or any agent thereof.
- XII. Pursuant to 11 CFR §9033.1(b)(12), any television commercial prepared or distributed by me or my authorized committee(s) will be prepared in a manner which ensures that the commercial contains or is accompanied by closed captioning of the oral content of the commercial to be broadcast in line 21 of the vertical blanking interval, or is capable of being viewed by deaf and hearing impaired individuals via any comparable successor technology to line 21 of the vertical blanking interval.

Signed: _____

Candidate Signature*

* 11 CFR §9033.2(a)(1) requires the Candidate and Committee Agreements and Certifications to be signed by the Candidate.

**TO ACCOMPANY ANY THRESHOLD SUBMISSION,
NON-THRESHOLD SUBMISSION AND RESUBMISSION
(11 CFR §104.14)**

Chairman
Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Dear Mr. Chairman:

I, (Name of Treasurer), as Treasurer of (Name of Committee), certify that the information contained in the Committee's (Threshold Submission, Matching Fund Submission No. ____, or Resubmission No. ____) is complete and accurate. This submission lists contributions deposited from _____ to _____. **(Note: For a Matching Fund Submission also listing contributions that were withheld from earlier submissions, the certification shall further state: "and also contributions deposited in periods covered by earlier submission.")**

CERTIFICATION FROM COMMITTEE TREASURER REQUIRED

I also certify the Submission has been prepared in accordance with the Commission's Guideline for Presentation in Good Order.

If credit card contributions are included in the submission the following statements

must be included: I further certify that a method of billing address verification is in place for credit card contributions. Only credit card contributions where the billing address verification system verifies an exact match with the address information provided by the contributor have been accepted.

Note: For eligible candidates making submissions/resubmissions prior to the last submission/resubmission date in the year preceding the presidential election and for ineligible candidates the following statement must be included:

In the event the Commission's initial review estimates that less than 85% of the submitted contributions are matchable, I agree to accept its return for corrective action. (See 11 CFR §9036.2(c))

Note: For ineligible candidates the following statement must also be included:

I also certify that as of the close of business on (last business day preceding the date of the submission) the committee's net outstanding campaign obligations equal or exceed the amount submitted for matching

Signed,

Committee Treasurer

**SUMMARY RESULTS OF
REVIEW THRESHOLD SUBMISSION
FOR STATE OF**

Candidate/Committee: _____

Date Submitted: _____ Amount Submitted: \$ _____

Amount Matchable: \$ _____

Amount Non-Matchable: \$ _____

The portion of the Threshold Submission for the State identified above has been reviewed in accordance with the Commission's review procedures. The results of the review, summarized below, indicate that the threshold requirements for establishing eligibility in the State have not been met. Attached to this summary is a listing of the contributions that were identified as non-matchable, and where appropriate, copies of the associated written instruments.

For a thorough explanation of the exceptions to matchability noted, see the Commission's Guideline for Presentation in Good Order, Chapter V, "Standard Exception Codes for Review of Matching Fund Submissions." Requirements for resubmission of rejected contributions are also contained in this chapter.

Exception Code	Subcategory Number	Amount Rejected
A	_____	\$ _____
B	_____	_____
C	_____	_____
D	_____	_____
E	_____	_____
F	_____	_____
G	_____	_____
H	_____	_____
I	_____	_____
J	_____	_____
Other	_____	_____
Other	_____	_____
Subtotal		\$ _____
NSF Adjustment		_____
TOTAL		\$ _____

**SUMMARY RESULTS OF
REVIEW THRESHOLD SUBMISSION
FOR STATE OF**

As a result of the 100% review of contributions submitted for the State that found that the eligibility requirements were not met, the portions of the Threshold Submission pertaining to the State that require correction or supplemental information are being returned for remedial action. See also Chapter I, Part P. of the Guideline for Presentation in Good Order regarding the failure of a candidate/committee to establish eligibility. The supplemental information, corrections and/or replacement contributions may be submitted on any business day.

Signed: _____ Signed: _____
for the Assistant Staff Director
Office of General Counsel for Audit

Date: _____ Date: _____

INVENTORY OF RETURNED THRESHOLD SUBMISSION MATERIALS

____ Contributor List _____ Bank Documentation
____ Written Instruments _____ Other: _____

I acknowledge that, on the date noted above, the above Threshold Submission materials for the State of _____ were returned to _____ (Name of Candidate/Committee) _____ for review and corrective action. I also acknowledge that, because of the additional time needed for these actions under 11 CFR §9033.4(a)(2), the Commission will not be obligated to consider an eligibility determination until after corrected information has been submitted. I further acknowledge that such eligibility determination will generally be made within _____ business days of the Commission's receipt of the corrected threshold submission, provided the corrected threshold submission documents have met the eligibility requirements.

Received by: _____ Date: _____
Committee Representative

NOTICE
STATUS OF REVIEW
THRESHOLD SUBMISSION

Candidate/Committee: _____

Date Submitted: _____

Amount Submitted: \$_____ No. of States: _____

The Commission's Guideline for Presentation in Good Order, Chapter I.P., provides a candidate/committee an opportunity to take corrective action where the staff review indicates that the eligibility requirements in at least 20 States will not be met. The following state listings are presented for your information in taking the appropriate corrective actions. Attached to this notice is a summary for each reviewed state where the eligibility requirements have not been met, together with the identification of the contributions that were identified as non-matchable, and the reasons.

The provisions in the Guideline for Presentation in Good Order provide for Commission staff to halt the review of a threshold submission when it reaches a point indicating the eligibility requirements will not be met. The candidate/committee is afforded a maximum of two opportunities to take corrective actions with respect to the threshold submission before the Commission proceeds to an initial determination that the candidate/committee has not met the eligibility requirements in at least 20 states.

Listed below are the states submitted in the threshold submission, grouped into three categories. For those states in which non-matchable contributions caused the threshold requirements not to be met, a summary and a listing of the contributions identified as non-matchable are included. The submitted contributor list and associated documentation for each unreviewed state is being returned with this notice for your review and to permit you to make any corrections necessary to ensure that only matchable contributions totaling in excess of \$5,000 are submitted with the corrected threshold submission.

NOTICE
STATUS OF REVIEW
THRESHOLD SUBMISSION

<u>Eligibility of Reviewed States</u>		<u>States</u>
<u>Established</u>	<u>Not Established</u>	<u>Not Reviewed</u>

Signed: _____
for the
Office of General Counsel

Signed: _____
Assistant Staff Director
for Audit

Date: _____

Date: _____

Signed: _____
Committee Representative

Date: _____

Required Fields for Contributor File

Submission Number	
Contributor ID Number	
Name Prefix	
First Name	
Last Name	
Name Suffix	
Address1	Must be residential for Threshold Submission
Address2	Must be residential for Threshold Submission
City	
State	
Zip Code	
Occupation	Required for Threshold Submission
Name of Employer	Required for Threshold Submission
Contribution Deposit Batch Number	A series of characters which uniquely identify a given deposit batch. Typically, YYMMDD, followed by three for a sequential number for multiple deposits on the same day. i.e. 070102005 = 5th deposit batch on January 2, 2007), or some other method which results in a unique identifier to a specific deposit batch for contributions.
Batch Sequence Number	The location of a given contribution within the deposit batch (i.e., 17 = 17 th check in the batch).
Contribution Amount	
Contribution Deposit Date	
Amount Submitted for Matching	
Aggregate Amount Submitted <i>this</i> Submission	
Aggregate Amount Submitted <i>all</i> Submissions	
Digital Image Address	May be Contribution Deposit Batch Number plus the Batch Sequence Number.

NOTICE

**FAILURE TO MEET STANDARDS OF GOOD ORDER PURSUANT
TO THE GUIDELINE FOR PRESENTATION IN GOOD ORDER**

COMMITTEE: _____ SUB. NO.:

DATE RECEIVED: _____

The matching fund request identified above has failed to meet the requirements of the Commission's Guideline for Presentation in Good Order. As provided by 11 CFR §9036.4(a), the Commission will not accept for review and certification of payment any matching fund request that has not been prepared or presented in conformance with the standards of good order as outlined in the Guideline.

The following requirement(s) must be met before a determination of good order can be made:

1) Contributor Data File

_____ must include all information specified in the Guideline at Chapter III.E.,
_____ other: _____

2) Supporting Documentation

_____ must submit full-size copies or scanned images of written instruments,
_____ if photocopies, they must be grouped into same order as the contributor list
or by deposit batch,
_____ must be referenced to deposit date,
_____ other: _____

3) Bank Documentation

_____ must submit either unvalidated deposit slips and copy of bank statement, or
_____ validated deposit slips,
_____ other: _____

4) NSF Listing

_____ must include all checks returned as NSF regardless of whether submitted,
_____ check copies must have associated debit memos attached,
_____ other: _____

NOTICE

**FAILURE TO MEET STANDARDS OF GOOD ORDER PURSUANT
TO THE GUIDELINE FOR PRESENTATION IN GOOD ORDER**

- 5) Refunded Contribution Listing
_____ must be in straight alphabetical order and include full name and mailing address of contributor, date and full amount of check, deposit date, total amount of contributions received from contributors and amount of refund.

- 6) Documentation for Joint Fundraising Proceeds
_____ must submit copy of joint fundraising agreement, signed by representative of each participant,
_____ must include explanation of any allocation different from that specified in agreement,
_____ other: _____

- 7) Documentation for Entertainment Event Proceeds
_____ must submit copy of promotional material,
_____ must submit copy of a ticket at each price,
_____ other: _____

- 8) Certification from Committee Treasurer Regarding Accuracy and Completeness of Information Submitted
_____ must bear signature of responsible official,
_____ other: _____

- 9) _____ other: _____

NOTICE

**FAILURE TO MEET STANDARDS OF GOOD ORDER PURSUANT
TO THE GUIDELINE FOR PRESENTATION IN GOOD ORDER**

As also provided at 11 CFR §9036.4(a)(3), if the above requirements can be satisfied by the close of business on _____, the matching fund request will be accepted for review. A payment for the actual value will be certified (as specified at 11 CFR §9036.2(d)(1) and 11 CFR §9036.2(d)(2)) for the next regular payment date.

Signed:

for the
Office of General Counsel

Signed: _____
Assistant Staff Director
for Audit

Date: _____ Date: _____

NOTICE

**RESULTS OF INITIAL REVIEW
ERROR RATE IN EXCESS OF 15%**

COMMITTEE: _____

SUB. No.: _____

DATE SUBMITTED: _____

The matching fund submission identified above has been initially reviewed in accordance with the Commission's review procedures. The results of this review, summarized below, indicate the matching fund request does not meet the "quality of content" standard of the Commission's Guideline for Presentation in Good Order. Accordingly, as provided by 11 CFR §9036.2, the review was suspended in order for the matching fund request to be returned for corrective action. For a thorough explanation of the Commission's policy on the exceptions noted, see the Guideline, Chapter V - "Standard Exception Codes for Review of Matching Fund Requests." Furthermore, requirements for resubmission of rejected contributions are also contained in this chapter.

<u>Exception Code</u>	<u>Subcategory Number</u>	<u>Error Percentage</u>
A	_____	_____
B	_____	_____
C	_____	_____
D	_____	_____
E	_____	_____
F	_____	_____
G	_____	_____
H	_____	_____
I	_____	_____
J	_____	_____
TOTAL		_____

* * * * *

Submission No. _____
(Signature of Treasurer or Committee Representative)

Date Submission Returned: _____

COMMITTEE: _____

SUB. No.: _____

DATE SUBMISSION RETURNED: _____

Inventory of Matching Fund Request No. _____

Returned for Corrective

Action

Retained by FEC

_____	Deposit Batches	_____
_____	Written Instruments	_____
_____	Bank Statements	_____
_____	Deposit Slips	_____
_____	NSF Listing	_____
_____	Refund Listing	_____
_____	Joint Fundraising Documentation	_____
_____	Entertainment Event Documentation	_____
_____	Treasurer's Certification	_____
_____	Electronic Files	_____
Other: _____		_____
_____		_____

I agree the above inventory is correct with respect to documents returned to the Committee for corrective action and those remaining at the Federal Election Commission.

(Signature of Treasurer or Committee Representative)

Date: _____

**SUMMARY OF SUBMISSION
RESULTS OF REVIEW**

COMMITTEE: _____ SUB. No.: _____
DATE SUBMITTED: _____ RESUB. No.: _____

SUMMARY OF REVIEW

AMOUNT REQUESTED: \$ _____ NSF PREVIOUSLY MATCHED: (\$ _____)
(SEE I. BELOW) (SEE II. BELOW)

AMOUNT ADJUSTED: \$ _____ REFUNDED CONTRIBUTIONS PREVIOUSLY MATCHED: \$ _____
(SEE I. BELOW) (SEE III BELOW)

AMOUNT REJECTED: \$ _____ CERTIFIABLE PER REVIEW: \$ _____

FINAL AMOUNT CERTIFIED: \$ _____

I. The original amount requested by this Submission/ Resubmission was adjusted prior to the review in the amount of \$ _____ for the following reason(s):

() NSF Items included in the Submission/ Resubmission \$ _____

() Mathematical Errors \$ _____

() Other: _____ \$ _____

_____ \$ _____

_____ \$ _____

- II. () The NSF Adjustment shown on the Summary was made with respect to contributions matched in previous submissions. Each NSF item was adjusted in accordance with the percentage of the amount certified for payment for the submission. Following is a breakdown of the NSF Adjustment:

<u>Submission Number</u>	<u>Amount NSF Items</u>	<u>Percent Certified</u>	<u>Adjusted Amount</u>
------------------------------	-----------------------------	------------------------------	----------------------------

- III. () The adjustment for refunded contributions matched in previous submission is calculated in the same manner as the NSF Adjustment above.

<u>Submission Number</u>	<u>Amount Refunded Items</u>	<u>Percent Certified</u>	<u>Adjusted Amount</u>
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**SUMMARY
RESULTS OF REVIEW**

COMMITTEE: _____ SUB. No.: _____
DATE SUBMITTED: _____ RESUB. No.: _____

The matching fund submission/resubmission identified above has been reviewed in accordance with the Commission's review procedures. The results of the review are summarized below. For a thorough explanation of the Commission's policy on the exceptions noted, see the Commission's Guideline for Presentation in Good Order, Chapter V, "Standard Exception Codes for Review of Matching Fund Requests." Furthermore, requirements for resubmission of rejected contributions are also contained in this chapter.

<u>Exception Code</u>	<u>Subcategory Number</u>	<u>Amount Rejected</u>	<u>Error Percentage</u>
A	_____	\$_____	_____
B	_____	_____	_____
C	_____	_____	_____
D	_____	_____	_____
E	_____	_____	_____
F	_____	_____	_____
G	_____	_____	_____
H	_____	_____	_____
I	_____	_____	_____
J	_____	_____	_____
TOTAL		\$_____	_____

As a result of this review, the final amount shown on page 1 will be certified to the Secretary of the Treasury on _____.

* * * * *

COMMITTEE: _____ SUB. No.: _____

DATE SUBMITTED: _____ RESUB. No.: _____

I am requesting the identification of the rejected contributions in the submission/resubmission noted above. I agree that this precludes the resubmission of the submission/resubmission in its entirety and limits resubmission by the Committee to only the identified items. Further, payment is limited to solely the matchable face value of each resubmitted contribution that has been corrected.

Sub. No.: _____

(Signature of Treasurer or Committee Representative)

Resub. No.: _____

Amount Requested: \$ _____ Date: _____

**CONTRIBUTION THROUGH AN
EMPLOYEE PARTICIPATION PLAN
CONTRIBUTION LACKING CONTRIBUTOR'S SIGNATURE
Exception Code A-2**

Dear Contributor:

Under Chapter 96 of Title 26, United States Code, presidential primary candidates are entitled to receive federal funds from the Presidential Primary Matching Payment Account in an amount up to \$250 from an individual contributor.

To ensure only contributions that qualify are matched, the Federal Election Commission requires additional documentation for contributions submitted for matching that are drawn on accounts of employee participation plans and do not bear the contributor's signature.

Your contribution of \$ _____, dated _____, and drawn on check # _____ of the account identified as _____ will qualify for matching only if the statement below is true and verified by your signature. If the statement below is not accurate, please provide a short explanation so the contribution can be attributed properly.

Sincerely,

Committee Representative

This is to verify that I authorized the contribution to the Candidate/Committee through the account maintained for me by the employee participation plan.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

YOUR
SIGNATURE _____ DATE _____

(Please do not Print)

LOANS FORGIVEN
Exception Code A-3

Dear Contributor:

Under Chapter 96 of Title 26, United States Code, Presidential primary candidates are entitled to receive federal funds from the Presidential Primary Matching Payment Account in an amount up to \$250 from an individual contributor.

To ensure only contributions that qualify are matched, the Federal Election Commission requires additional documentation for contributions submitted for matching that were initially loans to the Committee, but subsequently forgiven.

Your contribution of \$ _____, dated _____, and drawn on check # _____ of the account identified as _____ will qualify for matching only if the statement(s) below are true and verified by your signature. If the statement below is not accurate, please provide a short explanation so the contribution can be attributed properly (or disposed of, if from an incorporated source).

Sincerely,

Committee Representative

This is to verify that the written instrument described above initially represented a loan from me to the Committee. However, on _____ (provide date) _____ the loan was forgiven, and therefore, became a contribution from me.

(If drawn on a non-personal account, the following language must be included): The account on which the written instrument is drawn represents my personal funds. It is not maintained or controlled by an incorporated entity.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

YOUR
SIGNATURE _____ DATE _____

(Please do not Print)

POSSIBLE FOREIGN CONTRIBUTION
Exception Code A-6

Dear Contributor:

Under Chapter 96 of Title 26, United States Code, Presidential primary candidates are entitled to receive federal funds from the Presidential Primary Matching Payment Account in an amount up to \$250 from an individual contributor.

To ensure only contributions that qualify are matched, the Federal Election Commission requires additional documentation for contributions submitted for matching that are from contributors having a mailing address outside of the United States or its territories.

Your contribution of \$_____, dated _____, and drawn on check #_____ of the account identified as _____ will qualify for matching only if the statement below is true and verified by your signature. If the statement below is not accurate, please provide a short explanation so the contribution can be attributed properly (or disposed of, if prohibited).

Sincerely,

Committee Representative

This is to verify that I am a citizen of the United States or have been admitted as a permanent resident.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

YOUR SIGNATURE _____ DATE _____

(Please do not Print)

**ATTRIBUTION OF UNMATCHED PORTION OF WRITTEN
INSTRUMENT TO ANOTHER INDIVIDUAL**
Exception Code B-2

Dear Contributor:

Under Chapter 96 of Title 26, United States Code, Presidential primary candidates are entitled to receive federal funds from the Presidential Primary Matching Payment Account in an amount up to \$250 from an individual contributor.

To ensure only contributions that qualify are matched, the Federal Election Commission requires additional documentation for contributions submitted for matching that are drawn on one check, but represent contributions from more than one person.

Your contribution of \$ _____, dated _____, and drawn on check # _____ of the account identified as _____ will qualify for matching only if the statement below is true and verified by your signature. If the statement below is not accurate, please provide a short explanation so the contribution can be attributed properly.

Sincerely,

Committee Representative

**TO BE VERIFIED AND SIGNED BY INDIVIDUAL ASSUMING ALL OR
PORTION OF ORIGINAL CONTRIBUTION**

The contribution described above also represents my personal funds. The amount of \$ _____ should be attributed to me.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

YOUR SIGNATURE _____ DATE _____

(Please do not Print)

REATTRIBUTION OF AN EXCESSIVE CONTRIBUTION
TO ANOTHER INDIVIDUAL
Exception Code A-4

Dear Contributor:

Under Chapter 96 of Title 26, United States Code, Presidential primary candidates are entitled to receive federal funds from the Presidential Primary Matching Payment Account in an amount up to \$250 from an individual contributor.

To ensure only contributions that qualify are matched, the Federal Election Commission requires additional documentation for contributions submitted for matching that are drawn on one check, but represent contributions from more than one person.

Your contribution of \$ _____, dated _____, and drawn on check # _____ of the account identified as _____ will qualify for matching only if the statement below is true and verified by your signature. If the statement below is not accurate, please provide a short explanation so the contribution can be attributed properly.

** If this document is to be used as evidence of a reattribution of an excessive contribution within 60 days from the date of receipt, it must either be date-stamped as received by the Candidate/ Committee, accompanied by a copy of the envelope containing the postmark and other identifying documentation, or be dated by the contributors.

Sincerely,

Committee Representative

**TO BE VERIFIED AND SIGNED BY INDIVIDUALS ASSUMING ALL OR
PORTION OF ORIGINAL CONTRIBUTION**

The contribution described above also represents our personal funds.

NAME_____

NAME_____

ADDRESS_____

ADDRESS_____

CITY_____

CITY_____

STATE_____ ZIP_____

STATE_____ ZIP_____

YOUR
SIGNATURE_____

(Please do not Print)

YOUR
SIGNATURE_____

(Please do not Print)

DATE_____

DATE_____

AMOUNT CONTRIBUTED_____

AMOUNT CONTRIBUTED_____

APPARENT BUSINESS ACCOUNTS
Exception Code C-1

Dear Contributor:

Under Chapter 96 of Title 26, United States Code, Presidential primary candidates are entitled to receive federal funds from the Presidential Primary Matching Payment Account in an amount up to \$250 from an individual contributor.

To ensure only contributions that qualify are matched, the Federal Election Commission requires additional documentation for contributions submitted for matching that are drawn on accounts maintained by a business entity.

Your contribution of \$ _____, dated _____, and drawn on check # _____ of the account identified as _____ will qualify for matching only if the conditions below are true and verified by your signature. If the statement below is not accurate, please provide a short explanation so the contribution can be attributed properly (or disposed of, if from an incorporated source).

Sincerely,

Committee Representative

This is to verify that the business maintaining the account identified above is not incorporated. The contribution represents my personal funds, as I am a member of the unincorporated business. The full amount as listed above should be attributed to me, as it does not represent contributions from more than one person.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

YOUR
SIGNATURE _____ DATE _____

(Please do not Print)

PARTNERSHIP, GROUP, ASSOCIATION ACCOUNTS
OR OTHER NON-PERSONAL ACCOUNTS
Exception Code C-2

Dear Contributor:

Under Chapter 96 of Title 26, United States Code, Presidential primary candidates are entitled to receive federal funds from the Presidential Primary Matching Payment Account in an amount up to \$250 from an individual contributor.

To ensure only contributions that qualify are matched, the Federal Election Commission requires additional documentation for contributions submitted for matching that are drawn on accounts maintained by partnerships, groups, or associations, or other types of non-personal accounts.

Your contribution of \$ _____, dated _____, and drawn on check # _____ of the account identified as _____ will qualify for matching only if the following information is provided and verified by your signature. If you cannot verify the statements below because of they are inaccurate, please provide a short explanation so the contribution can be attributed properly (or disposed of, if from prohibited sources).

Sincerely,

Committee Representative

(1) The contribution described above is drawn on an account maintained by:

_____ a partnership, which is non-incorporated.

_____ a professional association or professional corporation that is not treated as a corporation under applicable state laws in the State of _____.

_____ a limited liability company (LLC) that elects to be treated as a partnership or a person by the Internal Revenue Code. (11 CFR §110.1(g)).

_____ other group or association (describe).

(2) _____ the contribution described above represents my personal funds, as I am a partner in the partnership (or a member of the association). The full amount as listed above should be attributed to me, as it does not represent contributions from more than one person.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

YOUR
SIGNATURE _____ DATE _____

(Please do not Print)

TRUST/ESCROW/ESTATE ACCOUNTS
Exception Code C-3

Dear Contributor:

Under Chapter 96 of Title 26, United States Code, Presidential primary candidates are entitled to receive federal funds from the Presidential Primary Matching Payment Account in an amount up to \$250 from an individual contributor.

To ensure only contributions that qualify are matched, the Federal Election Commission requires additional documentation for contributions submitted for matching that are drawn on Trust, Escrow, or Estate Accounts.

Your contribution of \$_____, dated _____, and drawn on check #_____ of the account identified as _____ will qualify for matching only if the conditions below are true and verified by your signature. If the statement below is not accurate, please provide a short explanation so the contribution can be attributed properly.

Sincerely,

Committee Representative

This is to verify that I have equitable ownership of the account described above. The account on which the contribution is drawn represents my personal funds.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

YOUR SIGNATURE _____ DATE _____

(Please do not Print)

MATCHABLE AND NON-MATCHABLE DESIGNATED ACCOUNTS

MATCHABLE

Providing that the personal check¹ is matchable in every other respect, the following types of designated accounts are considered acceptable for matching purposes without additional documentation signed by the contributor:

Attorney Account	Attorney Fee Account
Beach Account	Building Account
Campaign Contribution Account	Capital Account
Cash Management Account	Cattle Account
Charter Account	Condominium Account
Construction Account	Discretionary Account
Drawing Account	Expense Account
Farm Account	Gas Account
Gift Account	Hotel Account
Household Account	Income Account
Installment Account	Insurance Account
Investment Account	Livestock Account
Medical Account	Motel Account
Oil Account	Payment Account
Photography Account	Professional Account
Property Account	Real Estate Account
Rental Account	Separate Property Account
Special Account	Special Disbursement Account
Stock Account	Sub-Division Account
	Tax Account

¹ See definition of "personal appearance" at Exception Code C-4 (Chapter V) of the Guideline.

MATCHABLE AND NON-MATCHABLE DESIGNATED ACCOUNTS

NON-MATCHABLE

The types of accounts listed below, although maintained by an individual, will require additional documentation from the contributor that acknowledges the account contains solely personal funds and is not funded by an incorporated entity:

Business Account
Campaign Account (or Fund)
Collection Account
Commercial Account
D/B/A Account
Firm Account
Office Account
Operating Account
Overhead Account
Store Account
T/A Account
Trade Account

INDIVIDUAL'S DESIGNATED PERSONAL ACCOUNTS
(Office Account, Business Account, etc.)
Exception Code C-4

Dear Contributor:

Under Chapter 96 of Title 26, United States Code, Presidential primary candidates are entitled to receive federal funds from the Presidential Primary Matching Payment Account in an amount up to \$250 from an individual contributor.

To ensure only contributions that qualify are matched, the Federal Election Commission requires additional documentation for contributions submitted for matching that are drawn on certain types of personal accounts which bear a designation indicating the possibility that the account may contain funds other than your personal funds.

Your contribution of \$ _____, dated _____, and drawn on check # _____ of the account identified as _____ will qualify for matching only if the statements below are true and confirmed by your signature. If the statement below is not accurate, please provide a short explanation so the contribution can be attributed properly (or disposed of, if from an incorporated source).

Sincerely,

Committee Representative

This is to verify that the contribution described above is drawn on an account that contains only my personal funds. The account is not funded for my use on an unreimbursed basis by an incorporated entity.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

YOUR
SIGNATURE _____ DATE _____

(Please do not Print)

SIGNATURE OTHER THAN ACCOUNTHOLDER
(Written Instrument is signed by other than accountholder and
contribution is to be attributed to accountholder)
Exception Code D-1

Dear Contributor:

Under Chapter 96 of Title 26, United States Code, Presidential primary candidates are entitled to receive federal funds from the Presidential Primary Matching Payment Account in an amount up to \$250 from an individual contributor.

To ensure only contributions that qualify are matched, the Federal Election Commission requires additional documentation for contributions submitted for matching that are signed by someone other than the accountholder identified on the face of the check.

A contribution of \$_____, dated _____, and drawn on check #_____ of the account that identifies you as the accountholder, but is signed by someone other than yourself, will qualify for matching only if the statement below is true and verified by your signature. If the statement below is not accurate, please provide a short explanation so the contribution can be attributed properly.

Sincerely,

Committee Representative

This is to verify that the contribution described above represents my personal contribution and my signature appears below.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

YOUR
SIGNATURE _____ DATE _____

(Please do not Print)

SIGNATURE OTHER THAN ACCOUNTHOLDER

(Written Instrument is signed by an individual not identified as an accountholder and contribution is to be attributed to signatory)

Exception Code D-1

Dear Contributor:

Under Chapter 96 of Title 26, United States Code, Presidential primary candidates are entitled to receive federal funds from the Presidential Primary Matching Payment Account in an amount up to \$250 from an individual contributor.

To ensure only contributions that qualify are matched, the Federal Election Commission requires additional documentation for contributions submitted for matching that are signed by someone other than the identified accountholder.

A contribution of \$_____, dated _____, and drawn on check #_____ of the account identified as _____, but bearing your signature, will qualify for matching only if the statement below is true and verified by your signature. If the statement below is not accurate, please provide a short explanation so the contribution can be attributed properly.

Sincerely,

Committee Representative

TO BE COMPLETED BY CONTRIBUTOR TO WHOM ATTRIBUTED (NON-ACCOUNTHOLDER):

This is to verify that the contribution described above is drawn on an account which contains/represents my personal funds as well as those of the identified accountholder.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

YOUR SIGNATURE _____ DATE _____

(Please do not Print)

JOINT ACCOUNTS
NOT SIGNED BY INDIVIDUAL TO WHOM
CONTRIBUTION IS ATTRIBUTED
Exception Code D-2

Dear Contributor:

Under Chapter 96 of Title 26, United States Code, Presidential primary candidates are entitled to receive federal funds from the Presidential Primary Matching Payment Account in an amount up to \$250 from an individual contributor.

To ensure only contributions that qualify are matched, the Federal Election Commission requires additional documentation for contributions submitted for matching that are drawn on written instruments not bearing the signature of the contributor.

Your contribution of \$_____, dated _____, and drawn on check #_____ of the joint account identified as _____ will qualify for matching only if the statement below is true and verified by your signature. If the statement below is not accurate, please provide a short explanation so the contribution can be attributed properly.

Sincerely,

Committee Representative

This is to certify that a contribution of \$_____, effected on the written instrument described above, should be attributed to me. The account contains my personal funds and my signature appears below.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

YOUR
SIGNATURE _____ DATE _____

(Please do not Print)

OMITTED INFORMATION ON WRITTEN INSTRUMENT
(Date, Payee, Amount)
Exception Code E

Dear Contributor:

Under Chapter 96 of Title 26, United States Code, Presidential primary candidates are entitled to receive federal funds from the Presidential Primary Matching Payment Account in an amount up to \$250 from an individual contributor.

To ensure only contributions that qualify are matched, the Federal Election Commission requires additional documentation for contributions submitted for matching that do not fully contain the contributor's signature, the amount, the date, or identify the Committee as the payee.

Your contribution of \$_____, dated _____, and drawn on check #_____ of the account identified as _____ will qualify for matching only if the information below is provided and verified by your signature. If the statement below is not accurate, please provide a short explanation so the contribution can be attributed properly.

Sincerely,

Committee Representative

This is to verify that the full date of contribution described above is (day, month, year). The written instrument described above was intended to be my personal contribution of \$_____ to the Candidate/Committee.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

YOUR
SIGNATURE _____ DATE _____

(Please do not Print)

**WRITTEN INSTRUMENT APPEARS TO HAVE NO ASSOCIATION
WITH LISTED CONTRIBUTOR**
Exception Code G-3

Dear Contributor:

Under Chapter 96 of Title 26, United States Code, Presidential primary candidates are entitled to receive federal funds from the Presidential Primary Matching Payment Account in an amount up to \$250 from an individual contributor.

To ensure only contributions that qualify are matched, the Federal Election Commission requires additional documentation for contributions submitted for matching for individuals who are not identified on the written instrument, as accountholders, remitters/ purchasers, or signatories.

Your contribution of \$ _____, dated _____, and drawn on check # _____ of the account (or, if a money order or similar written instrument, the issuer and remitter/purchaser must be acknowledged) identified as _____ will qualify for matching only if the conditions below are true and verified by your signature. If the statement below is not accurate, please provide a short explanation so the contribution can be attributed properly.

Sincerely,

Committee Representative

TO BE COMPLETED BY INDIVIDUAL TO WHOM CONTRIBUTION IS ATTRIBUTED

This is to verify that the written instrument described above represents **a joint contribution** to the Candidate/Committee from me and _____. The account contains (or written instrument was purchased with) my personal funds and the amount of \$ _____ is my personal contribution.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

YOUR SIGNATURE _____ DATE _____

(Please do not Print)

DOCUMENTATION REQUIRED FOR INITIAL SUBMISSION OF
CONTRIBUTIONS RECEIVED IN THE FORM OF MONEY
ORDERS, CASHIER'S CHECKS OR OTHER
NEGOTIABLE WRITTEN INSTRUMENTS
Exception Code G-4

Dear Contributor:

Under Chapter 96 of Title 26, United States Code, Presidential primary candidates are entitled to receive federal funds from the Presidential Primary Matching Payment Account in an amount up to \$250 from an individual contributor.

To ensure only contributions that qualify are matched, the Federal Election Commission requires contributions received in the form of money orders or cashiers' checks to be accompanied by a signed statement from the contributor before they can be submitted for matching.

Your contribution of \$ _____, dated _____, and drawn on a (identify whether money order or cashier's check), issued by (name of issuer), serial # _____, will qualify for matching only if the contribution is confirmed by the statement below and by your signature. If the statement below is not accurate, please provide a short explanation so the contribution can be attributed properly.

Sincerely,

Committee Representative

This is to confirm that the written instrument described above was obtained by me and was purchased solely with my personal funds. It represents my personal contribution to the Candidate/ Committee.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

YOUR
SIGNATURE _____ DATE _____

(Please do not Print)