



POLITICAL CONTRIBUTION DISCLOSURE FORM

Employee's Name: _____

Recipient's Name: _____

Office or position for which the recipient ran: _____

Government office at the time the recipient ran: _____

Date of Contribution: _____ Contribution amount (dollar value): _____

Were you eligible to vote for the candidate at the time the contribution was made?

Yes ☐ No ☐

Have you made any other prior political contributions to this candidate?

Yes ☐ No ☐

I understand that I cannot make a contribution above 150 dollars for a candidate that I cannot vote for and I cannot make a contribution above 350 dollars, in the aggregate, for a candidate that I can vote for in compliance with Rule 206(4)-5 and Section 23 PAY TO PLAY POLICY of the Policies and Procedures Manual of Sowell Management. By signing below, I am attesting to the fact that I have not and will not, solicit contributions from others, or coordinate contributions to elected officials, current candidates, or political parties where the Company is providing or seeking government business.

Signature: _____

Date: _____

REVIEWER USE ONLY

Reviewed by: _____

Title: _____

Date: _____

Describe any necessary follow up: