## Massachusetts Dental Care Providers for Better Dental Benefits One International Place, Suite 1820 Boston, MA 02110

Attn: Thomas R. Kiley, Treasurer

## **Contribution Information Request Form**

For Organizations, Associations or PACs

This form is to be completed by organizations, associations or political action committees (PACs) contributing to Massachusetts Dental Care Providers for Better Dental Benefits. Please provide the information below to ensure full compliance with Massachusetts campaign finance reporting requirements.

	Name of Organization:		
	Contact Name:		
	Title of Contact Person:		
	Contact Phone:		
	Contact Email:		
Is this contribution from a Political Action Committee? □ YES □ NO		I Action Committee? □ YES □ NO	
	Is the PAC registered in Massachusetts? ☐ YES ☐ NO PAC Name:		
	If NO, in which state is the PAC registered?		
POLITICAL ACTION COMMITTEES: Continue to Signature/Attestation			
ORGANIZATIONS/ASSOCIATIONS:			
Please name the individuals, businesses or organizations, if any, from which you received the funds for this			
	contribution:		
	How were funds for this contribution solicited/received?		

	is contribution received or solicited with an expectation that the funds f supporting Massachusetts Ballot Question 2?
If YES, please explain:	
Do you have any internal policies related to the use of political con	or communications that are sent to your member/contributors tributions? □ YES □ NO
If YES, please list (and attach	copies):
	ATTESTATION:
certify that the monies constitutes treasury funds and were not in	to the accuracy of the information provided on this form and hereby uting this contribution are solely from the organization's general n any part solicited or received for the purpose of supporting or political party or any ballot question, whether in Massachusetts or
Name (Please Print):	
Title:	
Signature:	
Date:	

<u>Please Complete and Return To:</u> Attn: Thomas R. Kiley, Treasurer

Email: TKiley@ceklaw.net

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