

Sample Certification - Form A

Form A - For use by:

Individuals Making Contributions to General Assembly Candidates Participating in the CEP

For Campaign Use Only
Solicitor's Initials

For Treasurer Use Only
Contribution ID #

Revised August 2019

Citizens' Election Program Qualifying Contribution Certification Form

Perry 2020

153 Moore Hill Drive Southington, CT 06489

The Campaign requests that the contributor complete the entire certification form. Participating candidates **may not** accept contributions from an individual who is a principal of a state contractor or prospective state contractor or from a minor who is under 12 years of age. Participating candidates may accept qualifying contributions of up to \$100 from individuals who are communicator lobbyists or their immediate family but their lobbyist status must be disclosed.

NAME OF INDIVIDUAL CONTRIBUTOR (Last Name, First Name, Middle Initial)			
Is contribution being made from the account of a sole proprietorship?*		If yes, and name is different than individual contributor, list NAME OF SOLE PROPRIETORSHIP	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
RESIDENTIAL ADDRESS**		PHONE NUMBER / EMAIL ADDRESS	
CITY	STATE	ZIP CODE	Please mark if you are UNDER 18:
			<input type="checkbox"/> Age under 12 <input type="checkbox"/> Age 12 – 17 <small>Please see restrictions regarding Contributions from Minors</small>
NAME OF EMPLOYER <small>If multiple employers and one is a state contractor, list the state contractor. If self-employed, provide Name of Business. Example: Dave's Painting; Other Examples: Retired, Unemployed, Student, Homemaker</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter; Other Examples: Retired, Unemployed, Student, Homemaker</small>	
CONTRIBUTION AMOUNT	METHOD OF CONTRIBUTION		
\$	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card/Debit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check # _____		
Please review the definitions on the reverse of this form and answer each of the following:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a principal of a state contractor or prospective state contractor? If yes, please indicate which branch or branches of government the contract(s) is with: <input type="checkbox"/> Legislative <input type="checkbox"/> Executive		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a communicator lobbyist, OR the spouse or dependent child of a communicator lobbyist?		
CERTIFICATION			
I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am NOT a principal of a state contractor or prospective state contractor. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.			
SIGNATURE OF CONTRIBUTOR _____		DATE (mm/dd/yyyy) _____	

FOR CAMPAIGN USE: Copy of Check or money order below.

* A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a qualifying contribution, including LLCs. See General Statutes §§ 9-601 (9), 9-704.

** You may enter an alternate address in lieu of your residential address **only** if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.