

Do NOT use this form if candidate is participating in the CITIZENS' ELECTION PROGRAM

*General Assembly Candidates Participating in the Citizens' Election Program must use Sample Certification – Form A
 Statewide Candidates Participating in the Citizens' Election Program must use Sample Certification – Form B*

Individual Contributor Certification Form
Shauna Glidden For Board of ED

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
CITY	STATE	ZIP CODE	Are you 18 or older?
			<input type="checkbox"/> Yes <input type="checkbox"/> No If you are <i>not</i> 18 or older please list your age: ____
NAME OF EMPLOYER		PRINCIPAL OCCUPATION	
AMOUNT OF CONTRIBUTION	METHOD OF CONTRIBUTION		
\$	<input type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check # ____		
Please review the definitions on the bottom of this form and answer each of the following:			
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a lobbyist?*** <input type="checkbox"/> Yes <input type="checkbox"/> No Are you the spouse or dependent child of a lobbyist?			
If this is a contribution to a candidate committee or exploratory committee for <u>Chief Executive Officer</u> of a municipality (i.e. mayor, first selectman) answer the following:			
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you or a business with which you are associated*** have a contract with the town, city or borough in which the candidate is running that is valued at more than five thousand dollars?			
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 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)

* 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.

** The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist's household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91. Individual lobbyists may contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.