General Assembly CEP Participating Sample Interface

Updated 3/2020

No Please ensure that if you are selecting your residential address from the automated dropdown, Yes, Legislative the correct town and zip code are inputted. You can manually change them if they are not correct. Yes, Executive Yes, Legislative and Executive Are you a principal of a state contractor or \$10 \$25 \$100 prospective state contractor? If Yes, please indicate which branch or branches of government the \$270 Other contract(s) is with. ^o Are you a communicator lobbyist, OR the spouse or ◯ Email ® Phone " dependent child of a communicator lobbyist? (Communicator lobbyists may not make Name ° contributions to General Assembly candidates during First the legislative session.) ® No Yes **Residential Address** Card Street Address * Card Number Is contribution being made from the account of a sole proprietorship? ® Exp. Date CVC ZIP / Postal No Yes If yes, and name is different than individual Click to confirm these statements are true. contributor, list NAME OF SOLE PROPRIETORSHIP 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 Employer: If multiple employers and one is a state national with permanent resident status in the United States. contractor, list the state contractor. If self-employed, I certify that I have provided my residential address. provide Name of Business. (Example: Dave's Painting. I certify that this contribution is being made on my personal Other Examples: Retired, Unemployed, Student, debit or credit card for which I have legal obligation to pay and Homemaker) ° Be sure to intend to pay from my own personal funds, is not being include ALL reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution and that payment is text not made from the funds of a corporation, labor organization, Principal Occupation: If self-employed, provide Job Description. (Example: Painter. Other Examples: I hereby certify that all information disclosed by me on this contributor form is true and accurate to the best of my Retired, Unemployed, Student, Homemaker) [®] knowledge and belief. Click here to read legal definitions. Age (Please see restrictions regarding Contributions from Minors) ° **Donate** 18 and over https://seec.ct.gov/Portal/data/forms/SampleForms/ 12-17 (\$30 max) Under 12 (prohibited) definition_of_terms_general_assembly_01042016.pdf

John Smith for State Rep, Jane Doe, Treasurer. Approved by John Smith.