

SAMPLE

Name of Committee

Wage Record

Employee Name

Residential Address

City

State

Zip Code

Phone Number

Period Covering

SALARY/WAGE:

Amount

\$

Per

Hour

Day

Week

Month

Period Covered

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE							
TIME IN							
TIME OUT							
TOTAL HOURS WORKED							

Duties Performed:

Name of Committee

I affirm I have performed the duties and worked the hours or time periods specified above.

I affirm that if I incurred expenditures or made payments to any secondary payees (included but not limited to any subcontractors, third-party workers or service providers, printers, media buys, etc.), I have provided the committee treasurer with all information required for the treasurer to complete the campaign finance disclosure forms, including the full name and complete address of each secondary payee, as well as the amount paid and purpose of each payment (see *Reimbursement and Secondary Payee Information form*).

Employee/Consultant Signature	
Typed/Printed Name	Date

SEEC's sample forms provide guidance regarding compliance with chapters 155-157 of the General Statutes and associated campaign finance regulations. They do not provide guidance with respect to other areas of law outside of SEEC's jurisdiction.