

Committee name

#180130599020

ID: da562eebed7344d96c153

Campaign Name:

January 30, 2018

8:54AM CST

Donated Amount 25.00

Fees (1.30)

Total \$23.70

VISA **** 7850

Name

Residential Address

Phone

Email

Age

Over 18

Are you a principal of a state contractor or prospective state contractor?

No

If yes, please indicate which branch or branches of government the contract(s) is with:**Are you a communicator lobbyist OR the spouse or dependent child of a communicator lobbyist?**

No

Employer - If self-employed, provide Name of Business**Example: Dave's Painting Other Examples: Retired,****Unemployed, Student, Homemaker**

Projects Unlimited

Principal Occupation - If self-employed, provide Job**Description Example: Painter Other Examples: Retired,****Unemployed, Student, Homemaker**

Owner

COMPLETED

Contribution Certification Form

411601

Campaign Name

NAME OF INDIVIDUAL CONTRIBUTOR (Last Name, First Name, Middle Initial)				
Smith, John				
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 checked="" type="checkbox"/> No				
RESIDENTIAL ADDRESS*			PHONE NUMBER	
123 Main Street			8605551234	
CITY	STATE	ZIP CODE	Please mark if you are UNDER 18:	
Hartford	CT	06106	<input type="checkbox"/> Age under 12 <input type="checkbox"/> Age 12 – 17 <small>Please see restrictions regarding Contributions from Minors</small>	
NAME OF EMPLOYER		PRINCIPAL OCCUPATION		
Retired		Retired		
CONTRIBUTION AMOUNT		METHOD OF CONTRIBUTION		
\$ 5		<input checked="" type="checkbox"/> On-Line <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Credit/Debit 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 checked="" 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 checked="" type="checkbox"/> No Are you a communicator lobbyist, OR the spouse or dependent child of a communicator lobbyist?				
CERTIFICATION				
<p>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 <u>NOT</u> 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 made on my personal debit or credit card for which I have a legal obligation to pay and intend to pay from my own personal funds, is not being reimbursed in any manner, is not being made as a loan, is not an otherwise prohibited contribution, and that payment on this card is not made from the funds of a corporation, labor organization, or any other entity. I certify that the address used in this contribution is my residential address and is the billing address associated with this card. I certify that the name used in this contribution is the name that appears on the credit card used for this contribution.</p>				
John Smith			2/12/2018	
_____ SIGNATURE OF CONTRIBUTOR			_____ DATE (mm/dd/yyyy)	

From: [REDACTED]

Subject: Thank you for your contribution

Date: June 28, 2017 at 9:13:49 AM EDT

To: [REDACTED]

Reply-To: [REDACTED]

Dear [REDACTED] *First Name*

Thank you for your generous contribution.

Please print out this contribution confirmation page for your records.

Contribution Information: Contribution Confirmation ID: 26061838 Contribution Date: 6/28/2017 9:13 AM Eastern Daylight Time Contribution Amount: \$375.00

Residential Address
Contributor Information: [REDACTED] West Haven, CT 06516 United States

Phone Number: [REDACTED]

Email Address: [REDACTED]

Principal Occupation: Attorney

Employer: Jacobs & Jacobs, LLC

Credit Card Type: MASTERCARD Credit Card Number Ending: ****1143

- I certify that I am NOT a principal of a state contractor or prospective state contractor. (see Definition of Terms)
- 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 I have provided my residential address.
- I certify that this contribution is made on my personal debit or credit card for which I have a legal obligation to pay and intend to pay from my own personal funds, is not being reimbursed in any manner, is not being made as a loan, is not an otherwise prohibited contribution, and that payment on this card is not made from the funds of a corporation, labor organization or any other entity.
- I hereby certify that all of the information disclosed by me on this contributor form is true and accurate to the best of my knowledge and belief.

Generated by: NGP VAN

Paid for and Approved by

