

Child Care Services Documentation

This form may be used by candidates who seek to have their campaign pay or reimburse them for child care services as permitted by General Statutes §§ 9-601 (32), 9-607 and, if applicable, 9-706 (e) (as amended by Public Act 21-49) and Regs. Conn. State Agencies § 9-702 (a) (14). Reimbursement for child care expenses from committees participating in the Citizens' Election Program is permitted up to the amount of the qualifying contribution threshold required under General Statutes § 9-704.

This form does not need to be completed if the candidate will be paying for child care on their own and not seeking reimbursement.

TO BE COMPLETED BY CANDIDATE (if using multiple providers, complete a separate form for each one)

COMMITTEE NAME		CANDIDATE NAME	
CHILD CARE PROVIDER NAME			NUMBER OF CHILDREN BETWEEN 0-13
CHILD CARE PROVIDER'S STREET ADDRESS		CITY	STATE
DATE OF SERVICE	NUMBER OF HOURS	TOTAL PAYMENT	DATE OF PAYMENT BY CANDIDATE
__/__/__			__/__/__ or <input type="checkbox"/> I have not yet paid the provider and request the campaign make payment
__/__/__			__/__/__ or <input type="checkbox"/> I have not yet paid the provider and request the campaign make payment
__/__/__			__/__/__ or <input type="checkbox"/> I have not yet paid the provider and request the campaign make payment
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__/__/__			__/__/__ or <input type="checkbox"/> I have not yet paid the provider and request the campaign make payment

I affirm that the above child care services were provided for the care of one or more children under thirteen years of age for whom I am the parent or legal guardian. Such services were necessary as a direct result of campaign activity that would not exist but for my campaign.

CANDIDATE SIGNATURE

DATE (mm/dd/yyyy)