Party Committee (State Central and Town Committee) Sample Interface

Please ensure that if you are selecting your residential address from the dropdown,
the correct town and zip code are inputted. You can manually change them if they are not correct.

🔒 Use Your DonorID (optional)

$10	$25
$50	$100
$250	$500

$2,000   maximum amount

Other

✉ Email *   Phone *

Name *

First   Last

Residential Address

Street Address *

Employer: If multiple employers and one is a state contractor, list the state contractor. If self-employed, provide Name of Business. (Example: Dave's Painting. Other Examples: Retired, Unemployed, Student, Homemaker)· *

Be Sure to include ALL text

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

Are you 18 years of age or older? *

Yes
No ($30 maximum)

No
Yes ($100 Max Contribution)

Are you a communicator lobbyist *

[dropdown ▼]

No
Yes ($100 Max Contribution)

Are you the spouse or dependent child of a communicator lobbyist?

[dropdown ▼]

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: *

[dropdown ▼]

No
Yes, Executive
Yes, Legislative
Yes, Executive and Legislative

No
Yes

Are you an elected public official? *

[dropdown ▼]

Are you a principal of a holder of a valid prequalification issued by the Commissioner of Administrative Services? *

[dropdown ▼]

No
Yes

Card

Card Number   AMERICAN EXPRESS   VISA   Mastercard   DISCOVER

Exp. Date   CVC   ZIP / Postal

☐ Click to confirm these statements are true.

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 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.

Click here for the definitions of terms.

Paid for by [COMMITTEE NAME]

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