

# Sample Interface for Party Committees (Town Committees and State Central Committees)

## 1. Selecting the amount

1 Amount 2 Personal Information 3 Certification 4 Payment Information

Donation Amount (Maximum per person is \$2000)

\$10 \$25 \$50 \$200

\$500 \$1000 \$ Other

Email: \*

Residential Zip Code: \*

Next

[SEEC- Donation Terms and Conditions](#)

Paid for by [COMMITTEE NAME]

[https://seec.ct.gov/Portal/data/forms/SampleForms/definition\\_of\\_terms\\_party\\_committee\\_01042016.pdf](https://seec.ct.gov/Portal/data/forms/SampleForms/definition_of_terms_party_committee_01042016.pdf)

## 2. Personal information a.

1 \$50 2 Personal Information 3 Certification 4 Payment Information

Are you a principal of a state contractor or prospective state contractor? [more info](#)  Yes  No

Are you a communicator lobbyist, OR the spouse or dependent child of a communicator lobbyist?: [more info](#)  Yes  No

Are you of the Age of 18 or Older?  Yes  No

Is this Contribution being made from the account of a sole proprietorship? [more info](#)  Yes  No

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Paid for by [COMMITTEE NAME]

### 3. Personal information b.

1 \$50      2 Personal Information      3 Certification      4 Payment Information

#### Personal Information

First Name: \*

Last Name: \*

Check If Retired

Principal Occupation: \*   
If self-employed, provide Job Description (Ex: Painter, Attorney, Other Ex: Retired, Unemployed, Student, Homemaker)

Phone Number: \*

Middle Name:

Suffix:

Name of Employer: \*   
If multiple employers and one is a state contractor, list the state contractor. If self-employed, provide name of business (Ex: Dave's Painting, Other ex: Unemployed, Student, Homemaker)

#### Residential Address

Street Address 1: \*

City: \*

Zip Code: \*

Street Address 2:

State: \*

Paid for by [COMMITTEE NAME]

## 4. Certification

Progress bar: 1 \$50, 2 Personal Information, 3 Certification, 4 Payment Information

Please read and sign below

I confirm that the below statements are true and accurate

By clicking "Continue", I hereby certify and state that all of the information disclosed by me and set forth above on this contributor form is true and accurate to the best of my knowledge and belief. 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 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.

Use My Name for Signature

X

Clear

Please read and sign above

Back Continue Help Signing

Paid for by [COMMITTEE NAME]

## 5. Payment Information

Progress bar: 1 \$50, 2 Personal Information, 3 Certification, 4 Payment Information

Card Number: \*

Cvc: \*

Expiration Month (MM):\*

Expiration Year (YYYY):\*

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Paid for by [COMMITTEE NAME]

## 6. Thank you screen