

# CEP Participating Sample Interface for Statewide Office Campaigns (not including State Treasurer Candidates)

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.

Updated 04/21

Use Your DonorID (optional)

\$10

\$25

\$100

\$250

Other

**Name \***

**Residential Address**

**Is contribution being made from the account of a sole proprietorship? \***

No  Yes

**If yes, and name is different than individual contributor, list NAME OF SOLE PROPRIETORSHIP**

**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) \***

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

**Age (Please see restrictions regarding Contributions from Minors) \***

18 and over  12-17 (\$30 max)  Under 12 (prohibited)

**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. \***

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

**Are you a communicator lobbyist, OR the spouse or dependent child of a communicator lobbyist? (Communicator lobbyists may not make contributions to statewide office candidates during the legislative session.) \***

No  Yes

**Card**

**Click to confirm these statements are true.**

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 I have provided my residential address.

I certify that this contribution is being made on my personal debit or credit card for which I have 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, and is not an otherwise prohibited contribution and that payment is not made from the funds of a corporation, labor organization, or any other entity.

I hereby certify that all information disclosed by me on this contributor form is true and accurate to the best of my knowledge and belief.

[Click here to read legal definitions.](#)

**Donate**

By accessing this form you agree to the [Terms of Service and Privacy Policy](#)

No  
Yes



Be Sure to  
include  
ALL text



18 and over  
12-17 (\$30 max)  
Under 12 (prohibited)



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



No  
Yes



Paid for by [COMMITTEE NAME], [TREASURER NAME], Treasurer. Approved by [CANDIDATE NAME].

[https://seec.ct.gov/Portal/data/forms/SampleForms/form\\_b\\_participating\\_in\\_cep\\_statewide\\_definitions.pdf](https://seec.ct.gov/Portal/data/forms/SampleForms/form_b_participating_in_cep_statewide_definitions.pdf)

