Sample Certification – Form A Revised January 2016

## Citizens' Election Program Qualifying Contribution Certification Form Todd Brown for Fiscal Responsibility

The Campaign requests that the contributor complete the entire certification form. Participating candidates **may not** accept contributions from an individual who is a principal of a state contractor or prospective state contractor or from a minor who is under 12 years of age. Under Public Act 2010-01, participating candidates may accept qualifying contributions from individuals who are communicator lobbyists or their immediate family members.

Disclosure of lobbyist status remains a legal requirement pursuant to General Statutes § 9-608 (c) (1) (H).

Campaign donations may run from \$5 but no more than \$100. Make checks payable to Todd Brown for Fiscal Responsibility and mail to: Todd Brown for Fiscal Responsibility, c/o Andrea Beaty Treasurer, 698 Maple St, Rocky Hill, CT 06067-1219

NAME OF INDIVIDUAL CONTRIBUTOR (Last Name, First Name, Middle Initial)					
Is contribution being made from the account of a sole proprietorship?*  If yes, and name is diffe		nt than individu	al contributor, list N	NAME OF SOLE PROPRIETORSHIP	
☐ Yes ☐ No					
RESIDENTIAL ADDRESS**				PHONE NUMBER	
CITY		STATE	ZIP CODE	Please mark if you are UNDER 18:	
				$\square$ Age under 12 $\square$ Age 12 – 17  Please see restrictions regarding Contributions from Minors	
NAME OF EMPLOYER If self-employed, provide Name of Business.			PRINCIPAL OCCUPATION If self-employed, provide Job Description.  Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker		
Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker		Example: Pair	Example: Painter Other Examples: Retirea, Unemployea, Student, Homemaker		
CONTRIBUTION AMOUNT METHOD OF CONTRIBUTION					
\$ Cash Credit Card/Debit Card Money Order Personal Check #					
Please review the definitions on the reverse of this form and answer each of the following:					
	☐ 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: ☐ Legislative ☐ Executive				
Yes No Are you a communicator lobbyist, OR the spouse or dependent child of a communicator lobbyist?					
CERTIFICATION					
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 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 being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution.					
SIGNATURE OF CONTRIBUTOR				DATE (mm/dd/vvvv)	

FOR CAMPAIGN USE: Copy of Check or money order below.