

Individual Contributor Certification Form

Brookfield Republican Town Committee P.O. Box 5154, Brookfield, CT 06804

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 different than individual contributor, list NAME OF SOLE PROPRIETORSHIP
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

RESIDENTIAL ADDRESS*	PHONE NUMBER
_____	_____

CITY	STATE	ZIP CODE	Are you 18 or older?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No If you are <i>not</i> 18 or older please list your age: _____

NAME OF EMPLOYER	PRINCIPAL OCCUPATION
_____	_____

AMOUNT OF CONTRIBUTION	METHOD OF CONTRIBUTION
\$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check # _____

Please review the definitions on the reverse of this form and answer each of the following:

Yes No Are you a communicator lobbyist?*

Yes No Are you the spouse or dependent child of a communicator lobbyist? If yes, are you an elected public official? Yes No

Yes 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 If you answered "yes" to the previous question, are you an elected public official?

Yes No Are you a principal of a holder of a valid prequalification issued by the Commissioner of Administrative Services?

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 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/yyyy)
_____	_____

* You may enter an alternate address in lieu of your residential address **only** if you are admitted into the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or if you are one of the individuals with protected address status articulated in General Statutes § 1-217.

** Note that under Public Act 10-1, communicator lobbyists and their immediate family members are permitted to give contributions of up to one hundred dollars in the aggregate to party committees.