

# Individual Contributor Certification Form

## Orange Democratic Town Committee

<b>NAME OF INDIVIDUAL CONTRIBUTOR</b>			<b>CONTRIBUTION AMOUNT</b>		
<b>Cash</b> <input type="checkbox"/>			<input type="checkbox"/> <b>Check #</b>		
<b>RESIDENTIAL ADDRESS*</b>			<b>PHONE NUMBER</b>		
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>	<b>Are you 18 or older?</b>	
				Yes <input type="checkbox"/> No <input type="checkbox"/> If you are not 18 or older please list your age: ____	
<b>EMPLOYER</b>			<b>PRINCIPAL OCCUPATION</b>		
<b>Please review the definitions on the reverse of this form and answer each of the following:</b>					
Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a communicator lobbyist?*** Yes <input type="checkbox"/> No <input type="checkbox"/> Are you the spouse or dependent child of a communicator lobbyist? If yes, are you an elected public official? Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> Executive <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered "yes" to the previous question, are you an elected public official? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a principal of a holder of a valid prequalification issued by the Commissioner of Administrative Services?					
<b>CERTIFICATION</b>					
<p><b>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</b></p>					
_____ 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.*