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# Individual Contributor Certification Form

## McNamara 4 Council Committee

56 Brighton St. New Britain, CT 06053



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                   |                                                                                                                                                             |                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| NAME OF INDIVIDUAL CONTRIBUTOR* (Last Name, First Name, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                   |                                                                                                                                                             |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                   |                                                                                                                                                             |                                                                  |
| RESIDENTIAL ADDRESS**                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                   | PHONE NUMBER / EMAIL ADDRESS                                                                                                                                |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                   |                                                                                                                                                             |                                                                  |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STATE                                                                                                                                                             | ZIP CODE                                                                                                                                                    | Please check if you are UNDER 18:                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                   |                                                                                                                                                             | <input type="checkbox"/> If under 18, please list your age: ____ |
| NAME OF EMPLOYER <small>If self-employed, provide Name of Business.<br/>Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker</small>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                   | PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description.<br/>Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker</small> |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                   |                                                                                                                                                             |                                                                  |
| CONTRIBUTION AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | METHOD OF CONTRIBUTION                                                                                                                                            |                                                                                                                                                             |                                                                  |
| \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Cash <input type="checkbox"/> Debit Card/Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check # ____ |                                                                                                                                                             |                                                                  |
| <input type="checkbox"/> In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                   |                                                                                                                                                             |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                   |                                                                                                                                                             |                                                                  |
| Please review the definitions on the bottom of this form and answer each of the following:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                   |                                                                                                                                                             |                                                                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a lobbyist?***                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                   |                                                                                                                                                             |                                                                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you the spouse or dependent child of a lobbyist?                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                   |                                                                                                                                                             |                                                                  |
| If this is a contribution to a candidate committee or exploratory committee of a candidate running for CHIEF EXECUTIVE OFFICER of a municipality (i.e. mayor, first selectman) or a slate committee financing such a candidate, answer the following:                                                                                                                                                                                                                                                      |                                                                                                                                                                   |                                                                                                                                                             |                                                                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you or a business with which you are associated**** have a contract with the town, city or borough in which the candidate is running that is valued at more than \$5,000?                                                                                                                                                                                                                                                                      |                                                                                                                                                                   |                                                                                                                                                             |                                                                  |
| 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)                                                                                                                                           |                                                                  |

\* "Individual Contributor" means a human being, a sole proprietorship, or a professional service corporation organized under chapter 594a and owned by a single human being. A sole proprietorship is a business in which one human being owns all the assets, owes all the liabilities, and operates in his or her personal capacity. Any other type of business is not permitted to make a contribution, including LLCs. See General Statutes § 9-601 (9).

\*\* 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.

\*\*\* The law requires disclosure for each itemized contribution made by a lobbyist, the spouse of a lobbyist or any dependent child of a lobbyist who resides in the lobbyist's household. General Statutes § 9-608 (c) (1) (H). The term lobbyist includes anyone required by law to register as a lobbyist with the Office of State Ethics because they (a) expend or agree to expend \$3,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$3,000 or more in a calendar year for lobbying. General Statutes § 1-91 (as amended by Public Act 15-15). Individual lobbyists **may** contribute to candidate committees and exploratory committees for municipal office up to the limits for those offices.

\*\*\*\* A "business with which you are associated" refers to any business in which the contributor is a director, officer, owner, limited or general partner, or stockholder of 5% of more of the total stock of the business.