

**Citizens' Election Program Qualifying  
Contribution Certification Form A**

For Campaign Use Only  
Solicitor's Initials

For Treasurer Use Only  
Contribution ID #

Revised February 2017

# McKeen for State Senate

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).

<b>NAME OF INDIVIDUAL CONTRIBUTOR (First Name, Last Name)</b>		<b>PHONE NUMBER</b>	
<b>Is contribution being made from the account of a sole proprietorship?*</b>		<b>If yes, list NAME OF SOLE PROPRIETORSHIP</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>RESIDENTIAL ADDRESS**</b>		<b>EMAIL ADDRESS</b>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>Please mark if you are UNDER 18:</b>
			<input type="checkbox"/> Age under 12 <input type="checkbox"/> Age 12 – 17 <small>Please see restrictions regarding Contributions from Minors</small>
<b>NAME OF EMPLOYER</b> <small>If self-employed, provide Name of Business. Example: Dave's Painting Other Examples: Retired, Unemployed, Student, Homemaker</small>		<b>PRINCIPAL OCCUPATION</b> <small>If self-employed, provide Job Description. Example: Painter Other Examples: Retired, Unemployed, Student, Homemaker</small>	
<b>CONTRIBUTION AMOUNT</b>	<b>METHOD OF CONTRIBUTION</b>		
\$	<input type="checkbox"/> Personal Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		
<b>Please review the definitions on the reverse of this form and answer each of the following:</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No    Are you a principal of a state contractor, or prospective state contractor?		If yes, please indicate which branch branches of government the contract(s) is with: <input type="checkbox"/> Legislative <input type="checkbox"/> Executive	
<input type="checkbox"/> Yes <input type="checkbox"/> No    Are you a communicator lobbyist, OR the spouse or dependent child of a communicator lobbyist?			
<b>CERTIFICATION</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 <i>NOT</i> a principal of a state contractor or prospective state contractor. I certify that I am either a United States citizen or 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)

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

*Thank you!*

**Make checks payable to "McKeen for State Senate"  
and mail to: 13 Burke Heights Dr, Wallingford, CT 06492**

\* 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 qualifying contribution, including LLCs. See General Statutes §§ 9-601 (9), 9-704.

\*\* 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.