Individual Contributor Certification Form

Concerned Windsor Citizens

| NAME OF INDIVIDUAL CONTRIBUTOR | | | | | CONTRIBUTION AMOUNT | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------|----------------------|-------------------|-----------------------------------------------|--|
| | | | | | | |
| Cash 🗌 | Money Order Check # Debit Card/Credit | | | t Card 🗌 | | |
| 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 | |
| Yes 🗌 No 🗌 | | | | | | |
| RESIDENTIAL ADDRESS* | | | | PHONE NUMBER | | |
| | | | | | | |
| CITY | | STATE | ZIP CODE | Are y | Are you 18 or older? | |
| | | | | Yes older | No If you are not 18 or please list your age: | |
| EMPLOYER | | | PRINCIPAL OCCUPATION | | | |
| | | | | | | |
| Please review the definitions on the reverse of this form and answer each of the following: | | | | | | |
| Yes No Are you a lobbyist?** Yes No Are you the spouse or dependent child of a 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 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.

** 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 \$2,000 or more in a calendar year on lobbying; OR (b) receive or agree to receive \$2,000 or more in a calendar year for lobbying. General Statutes § 1-91.

Postal Mail to: Lisa M. Boccia, Treasurer 800 Palisado Avenue Windsor, CT. 06095