

Form P

Form P - For use by:

Individuals Making Contributions to a Party Committee

For Campaign Use Only
Solicitor's InitialsFor Treasurer Use Only
Contribution ID #

Revised May 2018

Individual Contributor Certification Form

Washington Democratic Town Committee

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:

 If under 18, please list your age: _____NAME OF EMPLOYER If multiple employers and one is a state contractor, list the state contractor. If self-employed, provide Name of Business. Example: Dave's Painting; Other Examples: Retired, Unemployed, Student, HomemakerPRINCIPAL OCCUPATION If self-employed, provide Job Description. Example: Painter; Other Examples: Retired, Unemployed, Student, Homemaker

CONTRIBUTION AMOUNT

METHOD OF CONTRIBUTION

\$

 Cash Debit Card/Credit Card Money Order Personal Check # _____ In-Kind Contribution (Provide the value in the Contribution Amount field and a description in the space below):

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.