

# Individual Contributor Certification Form

## United For Woodbridge PAC

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. <i>If self-employed, provide Name of Business. Example: Dave's Painting; Other Examples: Retired, Unemployed, Student, Homemaker</i>		PRINCIPAL OCCUPATION <i>If self-employed, provide Job Description. Example: Painter; Other Examples: Retired, Unemployed, Student, Homemaker</i>	
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 bottom 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)	

\* "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.

\*\* 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).

**Please make checks payable to: United for Woodbridge**  
**Contributions May Be Mailed to:**  
**United For Woodbridge c/o**  
**Paul Harrigan**  
**27 Brook Road**  
**Woodbridge, CT 06525**