

CEP Participating Sample Interface for State Treasurer Campaigns

Please ensure that if you are selecting your residential address from the dropdown, the correct town and zip code are inputted. You can manually change them if they are not correct.

Updated 04/22

\$5

\$25

\$50

\$100

\$290

Other

Email *

Phone *

Name *

First

Last

Residential Address

Street Address *

Is your contribution being made from the account of a sole proprietorship? *

If yes, and name is different than individual contributor, LIST NAME OF SOLE PROPRIETORSHIP

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, Homemaker) *

Principal Occupation: If self-employed, provide Job Description. (Example: Painter. Other Examples: Retired, Unemployed, Student, Homemaker) *

Age (Please see restrictions regarding Contributions from Minors) *

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. *

Are you a communicator lobbyist, OR the spouse or dependent child of a communicator lobbyist? (Communicator lobbyists may not make contributions to statewide office candidates during the legislative session.) *

Are you a principal of an investment services firm that has received compensation, expenses or fees or has been issued a contract by the State Treasurer? *

Card Number

Exp. Date

CVC

ZIP / Postal

☐ Click to confirm these statements are true.

I certify that I am NOT a principal of a state contractor or prospective state contractor.

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 I have provided my residential address.

I certify that this contribution is made on my personal debit or credit card for which I have a legal obligation to pay and intend to pay from my own personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution, and that payment is not made from the funds of a corporation, labor organization, or any other entity.

I certify that all of the information disclosed by me on this contributor form is true and accurate to the best of my knowledge and belief.

Click here to read legal definitions.

Donate

By accessing this form you agree to the Terms of Service and Privacy Policy

https://seec.ct.gov/Portal/data/forms/SampleForms/form_b_participating_in_cep_statewide_definitions.pdf

No
Yes

Be Sure to
include
ALL text

No
Yes

No
Yes

18 and over
12-17 (\$30 max)
Under 12 (prohibited)

No
Yes, Legislative
Yes, Executive
Yes, Legislative and Executive

Paid for by [COMMITTEE NAME], [TREASURER NAME], Treasurer. Approved by [CANDIDATE NAME].