

Sample Interface for Party Committees (Town Committees and State Central Committees)

1. Selecting the amount

The screenshot shows a progress bar at the top with four steps: 1. Amount (highlighted in green), 2. Personal Information, 3. Certification, and 4. Payment Information. Below the progress bar, the text 'Donation Amount (Maximum per person is \$2000)' is displayed. There are two rows of buttons for selecting the amount: the first row contains '\$10', '\$25', '\$50', and '\$200'; the second row contains '\$500', '\$1000', and '\$ Other'. To the right of these buttons are two text input fields: 'Email: *' and 'Residential Zip Code: *'. Below the input fields is a blue 'Next' button. Underneath the 'Next' button is a link: 'SEEC- Donation Terms and Conditions'. At the bottom of the form is a dark blue bar with the text 'Paid for by [COMMITTEE NAME]'. A blue arrow points from the 'SEEC- Donation Terms and Conditions' link to a box containing the URL: https://seec.ct.gov/Portal/data/forms/SampleForms/definition_of_terms_party_committee_01042016.pdf

2. Personal information a.

The screenshot shows a progress bar at the top with four steps: 1. Amount, 2. Personal Information (highlighted in green), 3. Certification, and 4. Payment Information. Below the progress bar, there are four questions with radio button options for 'Yes' and 'No':
1. 'Are you a principal of a state contractor or prospective state contractor? more info' with 'Yes' and 'No' options.
2. 'Are you a communicator lobbyist, OR the spouse or dependent child of a communicator lobbyist?: more info' with 'Yes' and 'No' options.
3. 'Are you of the Age of 18 or Older?' with 'Yes' and 'No' options.
4. 'Is this Contribution being made from the account of a sole proprietorship? more info' with 'Yes' and 'No' options.
At the bottom of the form are two buttons: 'Back' and 'Next'. At the very bottom is a dark blue bar with the text 'Paid for by [COMMITTEE NAME]'.

3. Personal information b.

1

\$50

2

Personal Information

3

Certification

4

Payment Information

Personal Information

First Name: *

Middle Name:

Last Name: *

Suffix:

Check If Retired

☐

Principal Occupation: *

Please Provide Job Description

If self-employed, provide Job Description (Ex: Painter, Attorney, Other Ex: Retired, Unemployed, Student, Homemaker)

Name of Employer: *

Please Provide Business Name

If multiple employers and one is a state contractor, list the state contractor. If self-employed, provide name of business (Ex: Dave's Painting, Other ex: Unemployed, Student, Homemaker)

Phone Number: *

Residential Address

Street Address 1: *

Street Address 2:

City: *

State: *

Connecticut

Zip Code: *

06106

Back

Continue

Paid for by [COMMITTEE NAME]

4. Certification

1

\$50

2

Personal Information

3

Certification

4

Payment Information

Please read and sign below

☐ I confirm that the below statements are true and accurate

By clicking "Continue", I hereby certify and state that all of the information disclosed by me and set forth above on this contributor form is true and accurate to the best of my knowledge and belief. 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 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, is not an otherwise prohibited contribution, and that payment on this card is not made from the funds of a corporation, labor organization, or any other entity. I certify that the address used in this contribution is my residential address and is the billing address associated with this card. I certify that the name used in this contribution is the name that appears on the credit card used for this contribution.

Use My Name for Signature

X

Clear

Please read and sign above

Back

Continue

Help Signing

Paid for by [COMMITTEE NAME]

5. Payment Information

1

\$50

2

Personal Information

3

Certification

4

Payment Information

Card Number: *

Cvc: *

Expiration Month (MM):*

Expiration Year (YYYY):*

Back

Submit

Paid for by [COMMITTEE NAME]

6. Thank you screen