YOU'RE INVITED TO THE SOUTHINGTON DEMOCRATIC TOWN COMMITTEE 2015 CHAIRMAN'S DINNER

HONORING

DEMOCRAT OF THE YEAR HOUSE MAJORITY LEADER JOE ARESIMOWICZ

-held at·

HAWK'S LANDING COUNTRY CLUB 201 PATTONWOOD DRIVE SOUTHINGTON, CT 06489

FRIDAY, SEPTEMBER 18TH

Cocktails 6:30PM Dinner 7:30PM

MIN

DONOR

\$60

MAXSUGGESTED CONTRIBUTIONSALL-STARPATRONSPONSORBACKER\$2000\$1000\$500\$100

Businesses can purchase an Ad in the Adbook with a business check **\$250 for full page ad (8.5x11")** or **\$150 for half page ad (8.5x5.5")**

Email ads with enclosed form to Dorian Lockett by September 16th at Dorian@TheVinciGroup.com.

All donations gratefully accepted.

Please make checks payable to "**Southington DTC**" To RSVP contact Jim Sinclair at jdsinclair@cox.net or (860) 840-9644

Paid for by the Southington Democratic Town Committee, David Della Vecchia, Treasurer

SOUTHINGTON DEMOCRATIC TOWN COMMITTEE 2015 CHAIRMAN'S DINNER DISH SELECTION

PLEASE SELECT ONE OF THE FOLLOWING:

- BAKED STUFFED SHRIMP
- ☐ FILET MIGNON
- CHICKEN MARSALA

Each dish is served with garlic mashed potatoes and green beans with red bell peppers

☐ I REGRET THAT I AM UNABLE TO ATTEND, PLEASE ACCEPT MY ENCLOSED DONATION.

PLEASE REPLY BY SEPTEMBER 11TH

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Individual Contributor Certification Form

Checks payable to: Southington DTC Mail to: Jim Sinclair, 287 North Main Street, Southington CT 06489

NAME OF INDIVIDUAL CONTRIBUTOR (Last Name, First Name, Middle Initial)									
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 COI	DE	Are you 18 or older?		
							Yes No If you are <i>not</i> 18 or older please list your age:		
NAME O	F EMPLOYE	R			PRINCIPAL OCCUPATION				
AMOUN	F OF CONTR	IBUTION	METHOD OF	F CONTRIBUTIO	N				
\$			Cash] Debit Card/Cre	dit Card	Money	V Order Personal Check #		
Please review the definitions on the reverse of this form and answer each of the following:									
YesYes	D No	Are you the	ommunicator lobbyist?** spouse or dependent child of a communicator lobbyist? If yes, are you an elected public						
Yes	🗌 No	Are you a p	icial? Yes No rincipal of a state contractor or prospective state contractor? If yes, please indicate which anch or branches of government the contract(s) is with: Legislative Executive						
Yes	🗌 No	If you answ	you answered "yes" to the previous question, are you an elected public official?						
Yes	🗌 No	Are you a p	re you a principal of a holder of a valid prequalification issued by the Commissioner of Administrative Services?						
CERTIFI	CATION								
I hereby c to the bes status in t	certify and stat t of my knowle the United Stat	edge and beli tes. I certify	ef. I certify that that this contri	at I am either a Un	ited States (de from my	citizen or a f 7 personal fu	his contributor card is true and accurate foreign national with permanent resident ınds, is not being reimbursed in any		
SIGNATURE OF CONTRIBUTOR							DATE (mm/dd/yyyy)		

* You may enter an alternate address in lieu of your residential address <u>only if</u> 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.

Advertising Purchase Certification Form Southington DTC

Checks payable to: Southington DTC Mail to: Jim Sinclair, 287 North Main Street, Southington CT 06489

NAME OF PURCHASER	DATE OF FUNDRAISER (mm/dd/yyyy)							
Cash Money Order Personal	Check # Debit Card/Credit Card							
AMOUNT OF PROGRAM AD PURCHASE	AMOUNT OF AGGREGATE ADVERTISING PURCHASES THIS CALENDAR YEAR (If known)							
\$	\$							
	ase being made from the account of YES NO							
If yes, NAME OF BUSINESS or NAME OF SOLE PROPRIETORSHIP								

PURCHASER ADDRESS*	PHONE NUMBER	
CITY	STATE	ZIP CODE
CERTIFICATION		

I hereby certify and state that all of the information disclosed by me and set forth above on this card is true and accurate to the best of my knowledge and belief.

SIGNATURE OF PURCHASER/AGENT OF PURCHASER

DATE (mm/dd/yyyy)

* If you are an individual you may enter an alternate address in lieu of your residential address <u>only if</u> 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 allows a **business entity** to purchase up to **\$250** of advertising space each election in program books for fundraising affairs sponsored by a municipal candidate committee. *See* General Statutes § 9-601a (b) (10) (A). Likewise, the law allows all other **persons** (including individuals, sole proprietorships, other committees and labor unions) to purchase up to **\$50** of advertising space each election in program books for fundraising affairs sponsored by a municipal candidate committee. *See* General Statutes § 9-601a (b) (10) (A). Note that the law treats sole proprietorships as individuals and not as business entities. This means that sole proprietorships may only purchase up to **\$50** in advertising space each election cycle.