

Connecticut Association of Optometrists

FEDERAL PAC

Individual Contributor Certification Form

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:
			<input type="checkbox"/> If under 18, please list your age: _____
NAME OF EMPLOYER <small>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</small>		PRINCIPAL OCCUPATION <small>If self-employed, provide Job Description. Example: Painter; Other Examples: Retired, Unemployed, Student, Homemaker</small>	
CONTRIBUTION AMOUNT	METHOD OF CONTRIBUTION		
\$	<input type="checkbox"/> Personal Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Debit/Credit Card: Frequency <input type="checkbox"/> One-Time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
CERTIFICATION			
<p>By making a contribution I acknowledge that I am aware:</p> <ul style="list-style-type: none"> I understand that my individual contribution limit to a PAC for a calendar year is \$5000 pursuant to federal law. I understand that contributions from treasury funds of corporations and labor unions are prohibited pursuant to federal law. I understand that contributions from federal contractors and national banks are prohibited pursuant to federal law. I understand that contributions from non-citizens of the United States who have not been admitted for permanent residence are prohibited pursuant to federal law. I understand that contributions made in the name of another are prohibited pursuant to federal law. I understand that to comply with Federal law, best efforts must be made to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions exceed \$200 in a calendar year. I understand that contributions to the PAC are not deductible for Federal income tax purposes as charitable contributions. 			
SIGNATURE OF CONTRIBUTOR		DATE (mm/dd/yyyy)	

Connecticut Association of Optometrists, Inc. PAC
 Brian T. Lynch, O.D., Treasurer
 60 Montowese Street
 Branford, CT 06405