

Campaign Contribution Certification Form For  
Maynard for State Senate

All contributors must complete and return with contribution.

Contribution \$\_\_\_\_\_ (\$100.00 maximum)

Name \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (other) \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Are you a lobbyist? Yes ☐ No ☐

Are you the spouse or dependent child of a lobbyist? Yes ☐ No ☐

Are you a principal of a state contractor? Yes ☐ No ☐

I hereby certify and stat 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 and that am ***NOT*** a principal of a state contractor, perspective state contractor, and that I am ***NOT*** a communicator lobbyist or a member of the immediate family of a communicator lobbyist.

\_\_\_\_\_  
(Signature of Contributor)

\_\_\_\_\_  
(date)