

Certification - Form F

Form F - For use by:

**Municipal Candidate Committees for Fundraiser Advertising
(Ad Book Purchases)**Sample Certification - Form F
Revised January 2016**Advertising Purchase Certification Form
KELLOGG 2019**

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 human beings, 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 and professional service corporations organized under chapter 594a and owned by a single human being as individuals and not as business entities, which means they may only purchase up to \$50 in advertising space each election under this exception. *See* General Statutes § 9-601 (9).

NAME OF PURCHASER		DATE OF FUNDRAISER (mm/dd/yyyy)
<input type="checkbox"/> Money Order <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card/Credit Card MAKE PAYABLE TO "KELLOGG 2019"		
AMOUNT OF PROGRAM AD PURCHASE	AMOUNT OF AGGREGATE ADVERTISING PURCHASES THIS CALENDAR YEAR (If known)	
\$	\$	

Is the purchaser a Business Entity?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is purchase being made from the account of a Sole Proprietorship or Professional Service Corporation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, NAME OF BUSINESS or NAME OF SOLE PROPRIETORSHIP or PROFESSIONAL SERVICE CORPORATION			

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.	
<hr/> SIGNATURE OF PURCHASER/AGENT OF PURCHASER	<hr/> DATE (mm/dd/yyyy)

* If you are an individual you may enter an alternate address in lieu of your residential address **only** if 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.