

SEEC FORM 13

AGENCY CERTIFICATION OF STATE CONTRACTORS AND PROSPECTIVE STATE CONTRACTORS

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 6/07

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FOR MONTH ENDING

 _____ / _____
 month / year

Due 15th of following month

STATE AGENCY**AUTHORIZED AGENCY REPRESENTATIVE**

NAME

PHONE NUMBER

E-MAIL ADDRESS

SECTION I. CURRENT CONTRACTS

I have reviewed the data on CORE-CT regarding the current contracts of

Agency Name

and agree that the SEEC may rely on this information, except as provided below.

SECTION II. EXCLUSIONS TO CORE-CT CONTRACTS

| FEIN NUMBER | CONTRACTOR NAME | REASON FOR EXCLUSION |
|-------------|-----------------|----------------------|
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SECTION III. CURRENT CONTRACTS NOT REPORTED IN CORE-CT (disclose agency contractors that meet \$50,000 statutory threshold pursuant to Public Act 07-01)

| FEIN NUMBER | CONTRACTOR NAME | CONTACT NAME | CONTACT E-MAIL ADDRESS | CONTRACT START DATE MM/DD/YYYY | CONTRACT END DATE MM/DD/YYYY |
|-------------|-----------------|--------------|------------------------|-----------------------------------|---------------------------------|
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SECTION IV. PROSPECTIVE STATE CONTRACTORS

| FEIN NUMBER | CONTRACTOR NAME | CONTACT NAME | CONTACT E-MAIL ADDRESS | CONTRACT SOLICITATION PERIOD mm/dd/yyyy to mm/dd/yyyy |
|-------------|-----------------|--------------|------------------------|--|
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I certify that the information is true, accurate and complete, to the best of my knowledge.

Signature of authorized agency representative

Title

