



**CITY OF SOMERVILLE CAMPAIGN CONTRIBUTION ORDINANCE SEC. 15-72\*  
MANDATORY DISCLOSURE AND CERTIFICATION FORM**

**INSTRUCTIONS:** APPLICANTS, PLEASE COMPLETE THE ENTIRE FORM AND FILE WITH THE SAME CITY OFFICE OR AGENCY WITH WHOM YOU FILED OR WILL FILE BELOW APPLICATION.

**PART I. APPLICATION FOR ITEM**

**Describe the item** you have, or will apply for, relating to this disclosure:

ITEM:	
TYPE (X):	<input type="checkbox"/> Contract <input type="checkbox"/> Zoning Relief <input type="checkbox"/> Real Estate <input type="checkbox"/> Financial Assistance
CITY DEPT. OR AGENCY:	

**PART II. APPLICANT INFORMATION**

Provide the following information for the Applicant:

NAME:	
ADDRESS:	
TELEPHONE NO.:	
E-MAIL:	

**On Schedule A**, you must also provide the same information for the Applicant’s principals, chief executive officer, president, chief financial officer, treasurer, chief operating officer, chief procurement officer, directors, or persons performing similar functions, or shareholders in excess of ten percent and managing agent to the extent applicable. **Please complete Schedule A. If not applicable, please check N/A on Schedule A.**

**PART III. CAMPAIGN CONTRIBUTION DISCLOSURE**

**On Schedule B**, Applicants must disclose all contributions made by the applicant during the 12 months prior to the application (identified in Part I), to any person who was a candidate for elective office of the City of Somerville (mayor, board of aldermen, and school committee). The attribution rules in Section 15-73 of the Somerville Code of Ordinances shall apply to the contributions that must be disclosed. **On Schedule B**, applicants must also disclose such contributions made by persons attributed to the applicant under the ordinance. If the applicant is an individual, any such contributions made by the individual, any spouse of the individual, and any children of the individual must be disclosed. If the applicant is not an individual but a corporation, partnership or limited liability corporation, then any contributions made by any of its chief executive officer, president, chief financial officer, treasurer, chief operating officer, chief procurement officer, directors, members, managers, principals, or persons performing similar functions, or shareholders in excess of ten percent, and their spouses and children, must be disclosed. **Please complete Schedule B. If disclosure is not required, please check N/A on Schedule B.** *Note: Contributions made before January 1, 2017 are not required to be disclosed.*

\* Please see the Pay to Play and Campaign Contribution Ordinance for definitions and all requirements.

**PART IV. SUBCONTRACTOR INFORMATION**

Have you applied for a Contract and intend to use a subcontractor on this Contract? Yes No

If “**Yes**”, complete **Schedule C**. If “**No**”, **proceed to Part V**.

**PART V. SIGNATURE, CERTIFICATION, AND ATTESTATION:**

I, the undersigned applicant, hereby further certify as follows: If awarded the item that is applied for (as identified above) under subsections (a), (b), (c), or (d) in Section 15-72 of the Somerville Code of Ordinances, the Applicant, and anyone attributed to the Applicant, and if the application is for a contract any subcontractor used on the contract, will not make any contribution in any calendar year in an amount in excess of \$500.00 to any individual incumbent or to any individual candidate for elective office of the City of Somerville for the next four (4) calendar years following the award of the item, or for the duration of the term of the contract, whichever is longer.

Signed under the pains and penalties of perjury:

Signature of Affiant: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name of Affiant: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
(Witnessed or attested by)

(Seal)

My Commission expires:

**THIS FORM SHALL BE OPEN TO PUBLIC INSPECTION**

**SCHEDULE A – APPLICANT INFORMATION**

**INSTRUCTIONS:** FOR EACH OF APPLICANT’S PRINCIPALS, CHIEF EXECUTIVE OFFICER, PRESIDENT, CHIEF FINANCIAL OFFICER, TREASURER, CHIEF OPERATING OFFICER, CHIEF PROCUREMENT OFFICER, DIRECTORS, OR PERSONS PERFORMING SIMILAR FUNCTIONS, OR SHAREHOLDERS IN EXCESS OF TEN PERCENT AND MANAGING AGENT TO THE EXTENT APPLICABLE, COMPLETE THE FOLLOWING. ATTACH ADDITIONAL PAGES IF REQUIRED.

**IF NOT APPLICABLE, CHECK HERE:** \_\_\_\_.

<b><u>NAME</u></b>	<b><u>POSITION</u></b>	<b><u>E-MAIL ADDRESS</u></b>	<b><u>PHONE NO.</u></b>	<b><u>ADDRESS</u></b>



