## **SEEC FORM 1**

### STATE ELECTIONS ENFORCEMENT COMMISSION

### Registration by Candidate

**Revised July 2016** 



#### Updated 04/22/2016 with AM suggestions

REGISTRATION TYPE 1. ELECTION DAT		TE (mm/dd/yyyy)		2. MUNICIPALITY			
☐ Initial ☐ Amendment				(If applicable)			
3. OFFICE OR POSITION S	OUGHT				4. DISTR	ICT NUM	IBER
					(If applicable)	)	
5. PARTY AFFILIATION							
□ Republican	□ Democratic		Other (Speci	(fy)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
7. CANDIDATE RESIDENCE	E ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
City		State	Zip Code	City		State	Zip Code
9. CANDIDATE TELEPHO	NE	10. CAN	DIDATE EM	IAIL ADDRESS	,		
(Include Area Code)							
11. DESIGNATION OF CAM	MPAIGN FUNDING	SOURCE	2				
(Check one)							
	ing a candidate n Statement.	commi	ttee and I	am required to file a Candidate	e Commi	ittee	
Go to Form	1A and complete	pages 2	<b>and 3</b> — Co	andidate Registration Statement.			
■ B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.							
Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.							
Important Notice: Failure of a candidate to complete this page together with either Form 1A, "Registration of Candidate Committee," or Form 1B "Exemption from Forming a Candidate Committee," within 10 days of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee.  See Section 9-623(b), Connecticut General Statutes.							
Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.							

# **SEEC FORM 1A**

### STATE ELECTIONS ENFORCEMENT COMMISSION

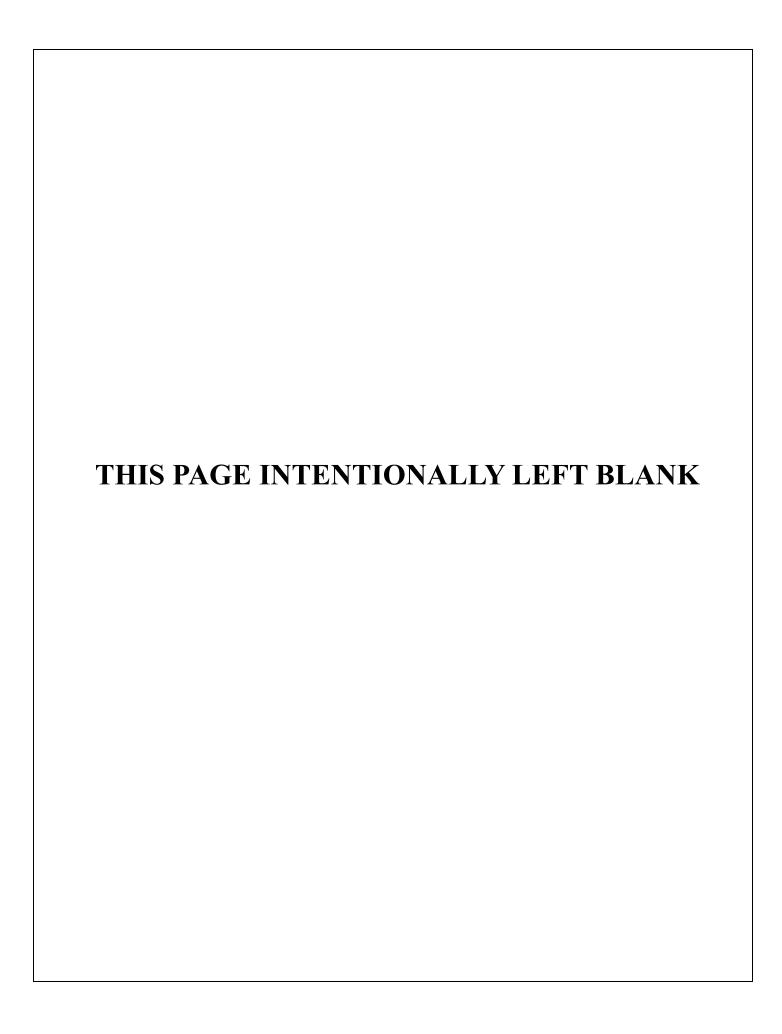
## **Candidate Committee Registration Statement**





REGISTRATION TYPE CANDIDATE	NAME					
☐ Initial ☐ Amendment						
12. COMMITTEE NAME						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS &	WEBSITE		
Address			Email Address			
City	State	Zip Code	Website			
16. TREASURER NAME						
First Name		MI	Last Name		Suffix	
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
City	State	Zip Code	City	State	Zip Code	
19. TREASURER TELEPHONE	20. TR	EASURER I	EMAIL ADDRESS			
(Include Area Code)						
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
City	State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE	25. DE	PUTY TREA	ASURER EMAIL ADDRESS			
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
27. DEPOSITORY INSTITUTION ADDRESS						
Address			City	State	Zip Code	

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REGISTRA	ATION TYPE	CANDIDATE NAME				
□ Initial	☐ Amendment					
	28. CERTIFICATION					
comr this s or de	nittee registration statement includ	state, under penalties of false statement, that all of the designations set forth in this candidate on statement are true and accurate to the best of my knowledge and belief, and further, that es my certification to the fact that any individual designated herein to serve as my treasurer ave indicated to me their acceptance of my appointment of them to those positions.				
candi electo requi	idate to serve as or in the State of rements as contains.	state, under penalties of false statement, that I have accepted my appointment by the the candidate's designated treasurer of this candidate committee. I certify that I am an f Connecticut. I intend to comply with all the campaign finance registration and disclosure ained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ions concerning campaign contributions and expenditures.				
I cert	ify that I have p	aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.				
jurisc under plea c anoth	diction, any (A) r Title 9 of the Cor the completioner such felony of	ot been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense General Statues, or that at least eight years have elapsed from the date of the conviction or on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.  It otherwise barred from serving as a treasurer by order of the State Elections Enforcement				
TREAS	SURER SIGNATURE	DATE (mm/dd/yyyy)				
Deputy Treasure	er .					
I here candi and a autor that I discle	eby certify and sidate to serve as accept that, in the natically become am an elector in osure requireme	tate, under penalties of false statement, that I have accepted my appointment by the the candidate's designated deputy treasurer of this candidate committee, and I understand e event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall e responsible for discharging all of the duties required of the vacating treasurer. I certify in the State of Connecticut. I intend to comply with all the campaign finance registration and into as contained in Chapter 155 through 157 of the General Statutes, and to abide by any ons or restrictions concerning campaign contributions and expenditures.				
I cert	I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.					
juriso under plea o	diction, any (A) r Title 9 of the C	ot been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense General Statues, or that at least eight years have elapsed from the date of the conviction or on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.				
	ify that I am not reement Commi	t otherwise barred from serving as a deputy treasurer by order of the State Elections ssion.				
DEPU	TY TREASURER SIGNA	TURE DATE (mm/dd/yyyy)				



# **SEEC FORM 1B**

### STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee



Revised July 2016

REGIS	TRA	TION TYPE	CANDIDATE NAME			
☐ Initia	al	☐ Amendment				
12. REA	12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE					
	Ι	hereby certify	that I am exempt from forming a candidate committee because: (CHECK ONE)			
р	oliti	ical committee	late of candidates whose campaigns are being funded solely by a town committee or a formed for a single election or primary and expenditures made on my behalf will be mittee sponsoring my candidacy. The name of this sponsoring committee is:			
			OR			
co tł	ontr hous	ibutions from sand dollars (\$	ny campaign entirely from my own personal funds and will not request or receive other individuals or committees and I understand that if I make expenditures exceeding one 1,000) that I shall be responsible for filing financial disclosure statements (SEEC Form 23) me schedule and in the same manner as required of treasurers of candidate committees.			
			OR			
	C. I	do not intend	to receive or expend funds in excess of one thousand dollars (\$1,000).			
			OR			
□ D	<b>).</b> I	do not intend	to receive or expend any funds, including personal funds, for this campaign.			
13. CER	TIFI	CATION				
I	here andi	eby certify and	I state, under penalties of false statement, that this statement of exemption from forming a see, for the reason checked above, is true, accurate and complete to the best of my sef.			
C	CANDI	DATE SIGNATURE	DATE (mm/dd/yyyy)			