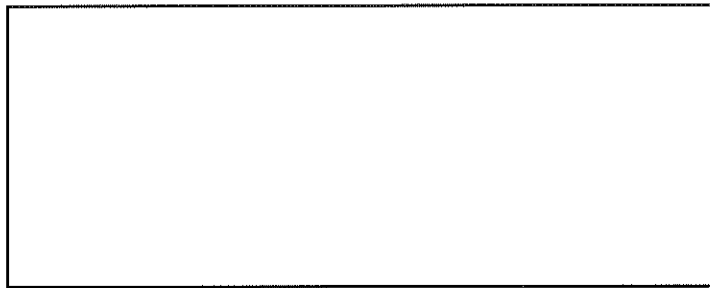


SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION Registration by Candidate

Revised January 2021



REGISTRATION TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Amendment		1. ELECTION DATE (mm/dd/yyyy)		2. MUNICIPALITY <i>(If applicable)</i>			
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER <i>(If applicable)</i>			
5. PARTY AFFILIATION <input type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other <i>(Specify)</i> _____							
6. CANDIDATE NAME							
First Name		MI	Last Name		Suffix		
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS <i>(If different)</i>				
Street Address			Address				
City	State	Zip Code	City	State	Zip Code		
9. CANDIDATE TELEPHONE <i>(Include Area Code)</i>			10. CANDIDATE EMAIL ADDRESS				
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE							
(Check one)							
<input type="checkbox"/> A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement. <i>Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.</i>							
<input type="checkbox"/> B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee. <i>Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.</i>							
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.							
<i>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.</i>							

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement

Revised January 2021



REGISTRATION TYPE		CANDIDATE NAME			
<input type="checkbox"/> Initial <input type="checkbox"/> 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. TREASURER EMAIL ADDRESS			
<i>(Include Area Code)</i>					
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. DEPUTY TREASURER EMAIL ADDRESS			
<i>(Include Area Code)</i>					
26. DEPOSITORY INSTITUTION NAME					
27. DEPOSITORY INSTITUTION ADDRESS					
Address			City	State	Zip Code

REGISTRATION TYPE	CANDIDATE NAME
<input type="checkbox"/> Initial <input type="checkbox"/> Amendment	
28. CERTIFICATION	
<p>Candidate</p> <p>I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.</p> <p>_____</p> <p>CANDIDATE SIGNATURE DATE (mm/dd/yyyy)</p>	
<p>Treasurer</p> <p>I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.</p> <p>I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.</p> <p>I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.</p> <p>I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.</p> <p>_____</p> <p>TREASURER SIGNATURE DATE (mm/dd/yyyy)</p>	
<p>Deputy Treasurer</p> <p>I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.</p> <p>I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.</p> <p>I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.</p> <p>I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.</p> <p>_____</p> <p>DEPUTY TREASURER SIGNATURE DATE (mm/dd/yyyy)</p>	

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SEEC FORM 1B
STATE ELECTIONS ENFORCEMENT COMMISSION
Certification of Exemption From Forming a
Candidate Committee

Revised January 2021



REGISTRATION TYPE	CANDIDATE NAME
<input type="checkbox"/> Initial <input type="checkbox"/> Amendment	

12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE

I hereby certify that I am exempt from forming a candidate committee because: (CHECK ONE)

A. I am one of a slate of candidates whose campaigns are being funded solely by a town committee or a political committee formed for a single election or primary and expenditures made on my behalf will be reported by the committee sponsoring my candidacy. The name of this sponsoring committee is:

OR

B. I am funding my campaign entirely from my own personal funds and will not request or receive contributions from other individuals or committees and I understand that if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be responsible for filing financial disclosure statements (SEEC Form 23) according to the same 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. I do not intend to receive or expend any funds, including personal funds, for this campaign.

13. CERTIFICATION

I hereby certify and state, under penalties of false statement, that this statement of exemption from forming a candidate committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.

 CANDIDATE SIGNATURE

 DATE (mm/dd/yyyy)



CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

SEEC FORM 1, 1A and 1B REGISTRATION BY CANDIDATE, CANDIDATE COMMITTEE REGISTRATION STATEMENT and CERTIFICATION OF EXEMPTION FROM FORMING A CANDIDATE COMMITTEE

Revised January 2021

GENERAL INSTRUCTIONS

- Type or print clearly all information in black or blue pen. **Please do not use pencil.**
- SEEC staff is available to answer legal compliance questions and advise on how to complete this form (860-256-2940).
- *Candidates who are forming a candidate committee: Use SEEC Form 1 and 1A*
- *Candidates who are exempt from forming a candidate committee: Use SEEC Form 1 and 1B*

WHERE TO FILE THIS FORM

With the State Elections Enforcement Commission ONLY (State Elections Enforcement Commission, Campaign Finance Disclosure Unit, 55 Farmington Ave, Hartford, CT 06106):

- Candidates for the office of Governor, Lieutenant Governor, Secretary of the State, State Treasurer, Comptroller, Attorney General, Judge of Probate, State Senator or State Representative, elective office in a municipal election in one of the 20 selected municipalities for the 2017 Municipal Pilot Program

With the Town Clerk ONLY:

- Candidates for an elective office in a municipal election (*unless participating in the 2017 Municipal Pilot Program*)
- Candidates for the position of town committee member at a town committee primary

An individual must give public notice of the manner in which the individual's campaign will be funded within **10 days** after

WHEN TO FILE THIS FORM

becoming a candidate by filing these forms with the proper filing repository (*See Where to File this Form*). Generally, each candidate must register a single candidate committee to fund their campaign. However, there are certain exemptions from this requirement (*See Certification of Exemption from Forming a Candidate Committee—SEEC Form 1B*). No candidate may form more than one candidate committee.

If any information on the SEEC Form 1 changes, the candidate must file an **amended** SEEC Form 1 together with SEEC Form 1A or 1B, whichever is applicable, within **10 days** of the date of the change, unless the change concerns the candidate's funding source, in which case the candidate must file within three days (*See SEEC Form 1B instructions*).

A late filing penalty of \$100 is charged for registration statements filed late *for any reason*. The fee is the personal liability of

LATE FILING PENALTY

the candidate and cannot be paid from committee funds. In addition, if a late registration statement is not filed within 21 days after notification of a missed filing date, the treasurer is liable for a minimum penalty of \$200, and may be liable for a fine of not more than \$2,000 or imprisonment for not more than one year or both.

SEEC MAILING ADDRESS:

STATE ELECTIONS ENFORCEMENT COMMISSION
CAMPAIGN FINANCE DISCLOSURE UNIT—3RD FLOOR
55 FARMINGTON AVE
HARTFORD, CONNECTICUT 06105

MAIN NUMBER: 860-256-2940

TOLL FREE WITHIN CT: 866-SEEC-INFO

SEEC WEBSITE ADDRESS: www.ct.gov/seec

SEEC TELEPHONE NUMBER:

eCRIS enables campaign treasurers to electronically submit required committee registration information and campaign finance statements.

See the Commission website www.ct.gov/seec for more information.

SEEC FORM 1 INSTRUCTIONS

Registration Type: Check the type of filing that the current document refers to, either *Initial* or *Amendment*. Check **Initial** registration statement if this is the first registration statement of the candidate for the election indicated on Line 1. Check **Amendment** if changes are being made by the candidate to information on a previously filed registration statement.

1. **Election Date:** Provide the date of the primary or election for which the candidate is registering. If you may be in *both* a primary and election, enter the date of the election.
2. **Municipality:** Provide the name of the city or town in which the candidate is running for elective office — *only applicable to municipal candidates*.
3. **Office or Position Sought:** Provide the name of the public office sought by the candidate (*e.g. Governor*) or, in the instance of a town committee primary, the position sought (*e.g. Town Committee member*).
4. **District Number:** Provide the district number, if applicable, for the office being sought by the candidate.
5. **Party Affiliation:** Check the appropriate box to indicate the candidate's political party affiliation. If the candidate checks "Other," indicate the name of the other party affiliation (Name of a Minor Party, Petitioning or None).
6. **Candidate Name:** Provide the full name of the candidate.
7. **Candidate Residence Address:** Provide the residential street address of the candidate. The candidate may enter an alternate address in lieu of a residential address *only* if they are in the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or have protected address status under General Statutes §1-217. *Business Addresses or Post Office Boxes are not acceptable for residential street address*.
8. **Candidate Mailing Address:** Provide the mailing address of the candidate if different from the Residence Address on Line 7.
9. **Candidate Telephone:** Provide the phone number of the candidate, including area code.
10. **Candidate Email Address:** Provide the email address of the candidate. *Completion of this information is encouraged in order to disseminate important communications in the most efficient and timely manner.*
11. **Designation of Funding Source:** Check the appropriate box. Each candidate must either designate a single candidate committee to fund their campaign **OR** claim an exemption from forming a candidate committee.
 - A. Candidate checks box A if they are designating a candidate committee.
Complete SEEC Form 1A "Candidate Committee Registration Statement."
 - B. Candidate checks box B if they are declaring an exemption from forming a candidate committee.
Complete SEEC Form 1B "Certificate of Exemption from Forming a Candidate Committee."

ALL candidates **MUST** complete a SEEC Form 1 accompanied by
either a SEEC Form 1A *or* 1B.

Registration Statements will be returned for incomplete information.

SEEC FORM 1A INSTRUCTIONS

Registration Type: Check the type of filing that the current document refers to, either *Initial* or *Amendment*. Check **Initial** if this is the first candidate committee registration statement for the election indicated on Line 1 of the SEEC Form 1. Check **Amendment** if changes are being made by the candidate to information on a previously filed candidate committee registration statement.

Candidate Name: Provide the candidate's name for reference purposes in order that the filing repository can reconnect these pages with the SEEC Form 1 should the two become separated.

COMMITTEE INFORMATION

12. **Committee Name:** Provide the full name of the committee. *This will be the registered name with the Commission and used on all financial disclosure statements, advertising, etc.*

13. **Committee Address:** Provide the address of the committee. *Post Office Boxes are acceptable as a committee address. Committees may also use the candidate's or treasurer's address as the committee address.*

14. & 15. **Committee Email Address & Website:** Provide the email address and website address of the committee, if any.

TREASURER INFORMATION

16. **Treasurer Name:** Provide the full name of the treasurer.

17. **Treasurer Residence Address:** Provide the residential street address of the treasurer. The treasurer may enter an alternate address in lieu of a residential address *only* if they are in the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or have protected address status under General Statutes §1-217. *Business Addresses or Post Office Boxes are not acceptable for residential street address.*

18. **Treasurer Mailing Address:** Provide the mailing address of the treasurer if different from the Residence Address on Line 17.

19. **Treasurer Telephone:** Provide the phone number of the treasurer, including area code.

20. **Treasurer Email Address:** Provide the email address of the treasurer. *Completion of this information is encouraged in order to disseminate important communications in the most efficient and timely manner.*

DEPUTY TREASURER INFORMATION (If applicable)

21. **Deputy Treasurer Name:** Provide the full name of the deputy treasurer.

22. **Deputy Treasurer Residence Address:** Provide the residential street address of the deputy treasurer. The deputy treasurer may enter an alternate address in lieu of a residential address *only* if they are in the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or have protected address status under General Statutes §1-217. *Business Addresses or Post Office Boxes are not acceptable for residential street address.*

23. **Deputy Treasurer Mailing Address:** Provide the mailing address of the deputy treasurer if different from the Residence Address on Line 22.

24. **Deputy Treasurer Telephone:** Provide the phone number of the deputy treasurer, including area code.

25. **Deputy Treasurer Email Address:** Provide the email address of the deputy treasurer. *Completion of this information is encouraged in order to disseminate important communications in the most efficient and timely manner.*

DEPOSITORY INSTITUTION INFORMATION

A depository institution may be any financial institution situated in or having an office in Connecticut, including but not limited to a bank, savings and loan association, or credit union.

26. **Depository Institution Name:** Provide the complete name of the financial institution located in this state which serves as the depository of the committee's funds.

27. **Depository Institution Address:** Provide the complete address of the committee's depository institution. *Post Office Boxes are acceptable.*

SEEC FORM 1A INSTRUCTIONS

Registration Type: Check the type of filing that the current document refers to, either *Initial* or *Amendment*. Check **Initial** if this is the first candidate committee registration statement for the election indicated on Line 1 of the SEEC Form 1. Check **Amendment** if changes are being made by the candidate to information on a previously filed candidate committee registration statement.

Candidate Name: Provide the candidate's name for reference purposes in order that the filing repository can reconnect these pages with the SEEC Form 1 should the two become separated.

CERTIFICATION

28. **Certification:** The certifications, which are made under penalties of false statement, **must** be signed and dated by the candidate, campaign treasurer and deputy treasurer, if the candidate has designated an individual to serve as deputy treasurer. Registration statements will be returned unless signed by all parties.

SEEC FORM 1B INSTRUCTIONS

Registration Type: Check the type of filing that the current document refers to, either *Initial* or *Amendment*. Check **Initial** if this is the first exemption from forming a candidate committee for the election indicated on Line 1 of the SEEC Form 1. Check **Amendment** if changes are being made by the candidate to information on a previously filed exemption from forming a candidate committee.

Candidate Name: Provide the candidate's name for reference purposes in order that the filing repository can reconnect these pages with the SEEC Form 1 should the two become separated.

REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE

12. Reason for Exemption: Candidate must indicate the reason for their qualification for exempt status from forming a candidate committee. Check the box corresponding with **one** of the four reasons for exemption.

A. Candidate will be solely and entirely funded by *either* a town committee or a political committee formed to support a slate of candidates for a single election or primary (slate committee). The full name of the town committee or slate committee that the candidate is authorizing as their funding source must be disclosed on the line. *This only applies to candidates for municipal office or in a town committee primary.*

B. Candidate intends to fund the campaign entirely from personal funds. The candidate must not request or receive funds or in-kind receipts from any outside sources (such as, but not limited to, individuals, town committees, political committees, etc.) If a candidate **expends more than \$1,000 from personal funds**, they are **required** to file financial disclosure statements (SEEC Form 23) as though a candidate committee was created and must do so in the manner and in accordance with the same schedule of filings as a treasurer of a candidate committee. *If a candidate requests or receives funds or in-kind receipts from any outside source, the candidate must form a candidate committee and file a SEEC Form 1A with the proper filing repository within three days of any such request or receipt.*

C. Candidate does not intend to receive or expend over \$1,000 in funds from all sources, including funds from sources other than the candidate's own funds. *If the candidate receives or expends over \$1,000 they no longer qualify for exemption status and must form a candidate committee and file a SEEC Form 1A with the proper filing repository within three days of any such acceptance or expenditure.*

D. Candidate does not intend to expend **any** funds for the campaign, including personal funds.

Important Note: If the qualifying condition checked for this certification changes and the candidate is eligible for another exemption, the candidate must file an amendment to the certification indicating the new reason within three days of the change in circumstances. If the candidate no longer qualifies for an exemption, a Candidate Committee Registration Statement (SEEC Form 1 & 1A) must be filed within such time.

CERTIFICATION

13. Certification: The certification, made under penalties of false statement, must be signed and dated by the candidate.