

# SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

## Exploratory Committee Registration

Revised September 2016



Page 1 of 4

<b>REGISTRATION TYPE</b>		<b>1. COMMITTEE NAME</b>			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Dita for CT			
<b>2. SUBTYPE OF EXPLORATORY COMMITTEE</b> <i>(Office(s) being considered—Check one box)</i>					
<input type="checkbox"/> <b>A. Offices Include Statewide Office &amp; General Assembly</b> Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input checked="" type="checkbox"/> <b>B. Offices Include Statewide Offices Only</b> Including State Treasurer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> <b>C. Offices Include General Assembly Only</b> Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> <b>D. Municipal &amp; Other Offices excluding those in Box A, B and C.</b> _____ <i>(Name of municipality—if applicable)</i>					
<b>3. PARTY AFFILIATION</b>					<b>4. ELECTION DATE</b> <i>(mm/dd/yyyy)</i>
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Other <i>(Specify)</i> _____					Nov 2018
<b>5. COMMITTEE ADDRESS</b>			<b>6. COMMITTEE EMAIL &amp; WEBSITE</b>		
Address 857 Post Rd # 302			Email Address dianacsisler@gmail.com		
City Fairfield	State CT	Zip Code 06824	Website dita2018.com		
<b>7. CANDIDATE NAME</b>					
First Name Dita		MI	Last Name Bhargava		Suffix
<b>8. CANDIDATE RESIDENCE ADDRESS</b>			<b>9. CANDIDATE MAILING ADDRESS</b> <i>(If different)</i>		
Street Address 502 Cognewaugh Rd			Address 857 Post Rd # 302		
City Cos Cob	State CT	Zip Code 06807	City Fairfield	State CT	Zip Code 06824
<b>10. CANDIDATE TELEPHONE</b>			<b>11. CANDIDATE EMAIL ADDRESS</b>		
<i>(Include Area Code)</i> 203       722       1279			dianacsisler@gmail.com		

# SEEC FORM 4

Revised September 2016

Page 2 of 4

REGISTRATION TYPE		COMMITTEE NAME			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Dita for CT			
12. TREASURER NAME					
First Name		MI	Last Name		Suffix
Diana		C	Sisler		
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
338 Bennett St			857 Post Rd # 302		
City	State	Zip Code	City	State	Zip Code
Fairfield	CT	06825	Fairfield	CT	06824
15. TREASURER TELEPHONE		16. TREASURER EMAIL ADDRESS			
<i>(Include Area Code)</i>					
203       395       2599		dianacsisler@gmail.com			
17. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
Jerry			Rosenband		
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
37 Hideen Brook Rd			857 Post Rd # 302		
City	State	Zip Code	City	State	Zip Code
Riverside	CT	06878	Fairfield	CT	06824
20. DEPUTY TREASURER TELEPHONE		21. DEPUTY TREASURER EMAIL ADDRESS			
<i>(Include Area Code)</i>					
203       249       7208		jerry@rosenbandcpa.com			
22. DEPOSITORY INSTITUTION NAME					
Webster Bank					
23. DEPOSITORY INSTITUTION ADDRESS					
Address					
1919 Black Rock Turnpike, Fairfield, CT 06825					

# SEEC FORM 4

Revised September 2016

Page 3 of 4

REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Dita for CT

## 24. CERTIFICATION

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this exploratory 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 such position.

Dita Bhargava

09/09/2017

CANDIDATE SIGNATURE

DATE (mm/dd/yyyy)

Treasurer

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 exploratory 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.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

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.

I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.

Diana C Sisler

09/07/2017

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

# SEEC FORM 4

Revised September 2016

Page 4 of 4

REGISTRATION TYPE	COMMITTEE NAME
<input checked="checked" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Dita for CT

## 24. CERTIFICATION *continued*

Deputy Treasurer

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 exploratory 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 to discharge 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.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

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.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

Jerry Rosenband

09/09/2017

DEPUTY TREASURER SIGNATURE

DATE (mm/dd/yyyy)

***Notice: 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.***