SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION Registration by Candidate



Revised January 2014

REGISTRATION TYPE 1. ELECTION DATE		E (mm/dd/yy	yy) 2. OFFI	2. OFFICE OR POSITION SOUGHT		3. DISTRICT NUMBER	
✓ Initial Amendment	Nov 2016		State S	State Senator		(If applicable) 025	
4. PARTY AFFILIATION							
Republican • Democratic Other (Specify)							
5. CANDIDATE NAME							
First Name			MI	Last Name Suffix			
Bob			Duff				
6. CANDIDATE RESIDENCE ADDRESS				7. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
50 Toilsome Ave							
City		State	Zip Code	City	State	Zip Code	
Norwalk		СТ	06851				
8. CANDIDATE TELEPHONE		9. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
203 840	1333	Bob@Bobduff.com					

10. DESIGNATION OF CAMPAIGN FUNDING SOURCE

(Check one)

✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

Go to Form 1A and complete pages 2 and 3 — Candidate 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



Revised January 2014

REGISTRATION TYPE CANDIDAT	CANDIDATE NAME				
✓ Initial Amendment Bob Duff					
11. COMMITTEE NAME					
Friends Of Bob Duff	Friends Of Bob Duff				
12. COMMITTEE ADDRESS			13. & 14. COMMITTEE EMAIL ADDRESS & W	EBSITE	
Address			Email Address		
11 Norman Ave			bob@bobduff.com		
City State		Zip Code	Website		
Norwalk CT		06855	http://www.bobduff.com		
15. TREASURER NAME					
First Name		MI	Last Name Suffix		Suffix
John		L	Mola		
16. TREASURER RESIDENCE ADDRESS			17. TREASURER MAILING ADDRESS (If different	9)	
Street Address			Address		
11 Norman Ave			11 Norman Ave		
City	State	Zip Code	City	State	Zip Code
East Norwalk	СТ	06855	Norwalk	СТ	06855
18. TREASURER TELEPHONE 19. TREASURE		EASURER EM	AAIL ADDRESS		
(Include Area Code) 203 853 1135	j.l.mo	la@att.net			
20. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
Roz			McCarthy		
21. DEPUTY TREASURER RESIDENCE ADDRESS			22. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
7 Bonnybrook Rd					
City	State	Zip Code	City	State	Zip Code
Norwalk	СТ	06850			
23. DEPUTY TREASURER TELEPHONE 24. DEPUTY TREASU		URER EMAIL ADDRESS			
(Include Area Code)					
203 515 5118	rozmo	rozmcc2@gmail.com			
25. DEPOSITORY INSTITUTION NAME					
Peoples United Bank					
26. DEPOSITORY INSTITUTION ADDRESS					
Address					
11 Belden Avenue, Norwalk, CT 06850					

SEEC FORM 1A Revised January 2014 Page 3 of				
REGISTRATION TYPE	CANDIDATE NAME			
✓ Initial Amendment	Bob Duff			
27. CERTIFICATION				
committee registration this statement include	on statement are true and accurate to the es my certification to the fact that any	that all of the designations set forth in this candidate be best of my knowledge and belief, and further, that individual designated herein to serve as my treasurer my appointment of them to those positions. 01/02/2016		
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)		
candidate to serve as elector in the State of contained in Chapter concerning campaigr I certify that I have p I certify that I have n jurisdiction, any (A) under Title 9 of the C plea or the completic another such felony of	the candidate's designated treasurer of Connecticut. I intend to comply with 155 of the General Statutes, and to abin contributions and expenditures. aid any civil penalties or forfeitures as ot been convicted of or pled guilty or refelony involving fraud, forgery, larcengeneral Statues, or that at least eight year of any sentence, whichever date is later offense.	that I have accepted my appointment by the Sthis candidate committee. I certify that I am an all the campaign finance disclosure requirements as de by any prohibitions, limitations or restrictions sessed pursuant to chapters 155 to 157, inclusive. The solo contendere to, in a court of competent sy, embezzlement or bribery, or (B) criminal offense ars have elapsed from the date of the conviction or ter, without a subsequent conviction of or plea to a surer by order of the State Elections Enforcement of 1/02/2016		
TREASURER SIGNATURE		DATE (mm/dd/yyyy)		
candidate to serve as and accept that, in th automatically becom that I am an elector is requirements as cont restrictions concerning	the candidate's designated deputy treate event of a vacancy caused by the treate responsible for discharging all of the nother than the State of Connecticut. I intend to a sined in Chapter 155 of the General States campaign contributions and expendit	that I have accepted my appointment by the surer of this candidate committee, and I understand surer's death, incapacity or resignation, I shall duties required of the vacating treasurer. I certify comply with all the campaign finance disclosure atutes, and to abide by any prohibitions, limitations or tures.		

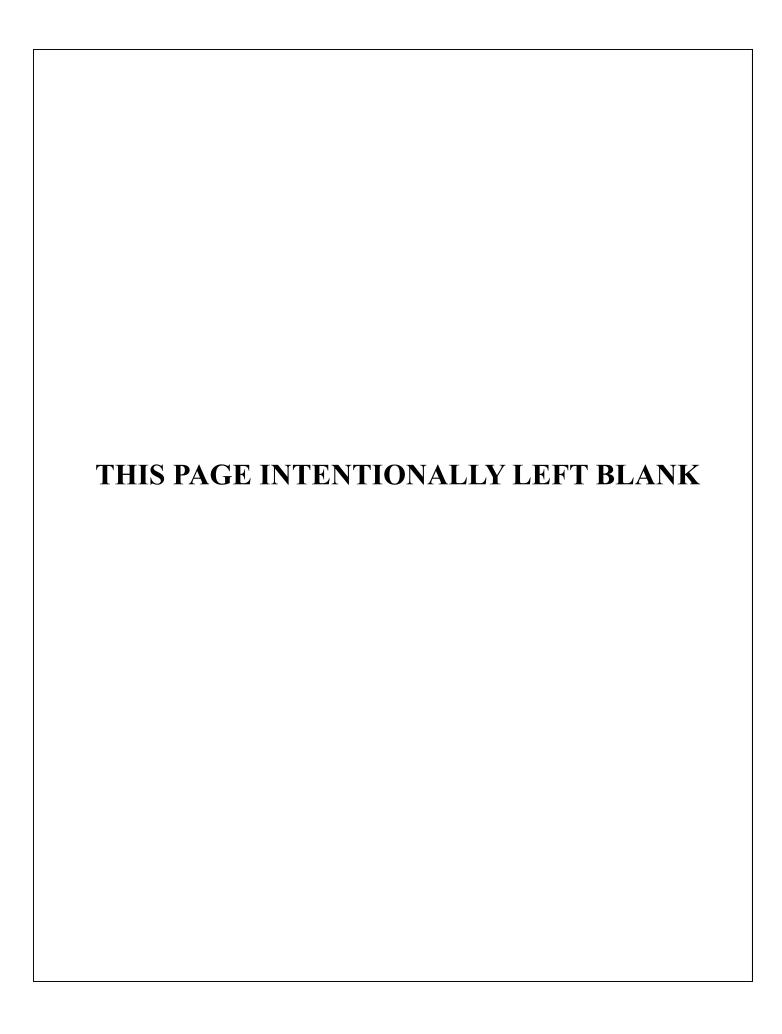
I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from 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.

Roz McCarthy 01/02/2016

DEPUTY TREASURER SIGNATURE

DATE (mm/dd/yyyy)



SEEC FORM 1B

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



Revised January 2014

REGISTRA	ATION TYPE	CANDIDATE NAME		
☐ Initial	☐ Amendment			
11. REASO	N FOR EXEMPTION	ON FROM FORMING A CANDIDATE COMMITTEE		
I	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 solcitory as wn consuit for a political committee formed for a single election or primary and expenditure made only behave all be reported by the committee sponsoring my candidacy. The name of this spon are some formers:				
		OR		
	contributions from thousand do	y campaign entirely from my own personal roots are wall not request or receive om other individuals or combatees and ronders. That if I make expenditures exceeding ollars (\$1,000) that I shows responsible to thing financial disclosure statements (SEEC ding to the same schedule and in the same in an error as required of treasurers of candidate OR		
□ C. I	do not intend t	o receive (1.5), and (1.1) ds in excess of one thousand dollars (\$1,000). OR		
□ D. I	do no me	o receive or expend any funds, including personal funds, for this campaign.		
12. CERTA				
cand		state, under penalties of false statement, that this statement of exemption from forming a e, for the reason checked above, is true, accurate and complete to the best of my ef.		
CANE	DIDATE SIGNATURE	DATE (mm/dd/yyyy)		