### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

#### Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY				
ar on the state of				(If applicable)			
✓ Initial   Amendment	Nov 2016						
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
					(If applicable	e)	
State Representative				110			
5. PARTY AFFILIATION							
✓ Republican Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name	N		MI	Last Name			Suffix
Emanuela			Palmares				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)			
Street Address			Address				
32 Fairview Ave							
City		State	Zip Code	City		State	Zip Code
Danbury		CT	06810				
9. CANDIDATE TELEPHON	NE	10. CAN	DIDATE EM	IAIL ADDRESS			
(Include Area Code)							
203 297	3263	emanuelapalmares@gmail.com					
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE							
(Check one)							
✔ I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.							
Co to Form 1 A and complete mages 2 and 2 Can did at a Desintuation 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 September 2016



REGISTRATION TYPE	EGISTRATION TYPE CANDIDATE NAME					
✓ Initial   Amendment	Emanuela Palmares					
12. COMMITTEE NAME						
Emanuela 2016						
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address				Email Address		
PO Box 2391				info@emanuela2016.com		
City	State Zip Code 06813			Website		
Danbury CT 0		00013	www.emanuela2016.com			
16. TREASURER NAME						
First Name			MI	Last Name Suf		Suffix
Roger			Α	Palanzo Sr		Sr
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address				Address		
45 Briarwood Dr						
City		State Zip Code 06810		City	State	Zip Code
Danbury						
19. TREASURER TELEPHONE 20. TREASURER EM			ASURER EN	IAIL ADDRESS		
(Include Area Code)						
203 744 9029		rapala	nzo@gmail.	com		
21. DEPUTY TREASURER NA	ME		I			
First Name			MI	Last Name		Suffix
John			M	Whitcomb		
22. DEPUTY TREASURER RESIDENCE ADDRESS				23. DEPUTY TREASURER MAILING ADDRESS (If different) Address		
Street Address			Address			
198 Southern Blvd						
City		State	Zip Code <b>06810</b>	City	State	Zip Code
Danbury		CT	00010			
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS			
(Include Area Code)						
203 313 2849	9	john@whitcomb.cc				
26. DEPOSITORY INSTITUTION NAME						
Savings Bank of Danbury						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
35 West Street, Danbury, CT 06810						
				<u> </u>		

SEEC FORM 1A Revised September 2016

John M Whitcomb

DEPUTY TREASURER SIGNATURE

Revised September 2016						
REGISTR	ATION TYPE	CANDIDATE NAME				
Initial	Amendment	Emanuela Palmares				
28. CERTI	FICATION					
com this or do	mittee registration statement include	tate, 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.  O1/13/2016  DATE (mm/dd/yyyy)				
Treasurer						
I her cand elect requ	lidate to serve as tor in the State of irements as cont	tate, 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 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 cer juris unde	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 Statues, or that at least eight years have elapsed from the date of the conviction or					
	her such felony	n of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.				
	tify that I am no nmission.	otherwise barred from serving as a treasurer by order of the State Elections Enforcement				
Rog	ger A Palanzo	01/13/2016				
TREA	TREASURER SIGNATURE DATE (mm/dd/yyyy)					
Deputy Treasur	rer					
I her cand and auto that disc	reby certify and solidate to serve as accept that, in the matically become I am an elector in losure 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 ents 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 certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.						
juris unde plea	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.					
	tify that I am no orcement Commi	otherwise barred from serving as a deputy treasurer by order of the State Elections ssion.				

01/13/2016

DATE (mm/dd/yyyy)



# **SEEC FORM 1B**

### STATE ELECTIONS ENFORCEMENT COMMISSION **Certification of Exemption From Forming**





REGISTR	ATION TYPE	CANDIDATE NAME
☐ Initial	☐ Amendment	
12. REASO	N FOR EXEMPTION	ON FROM FORMING A CANDIDATE COMMITTEE
	I hereby certify	that I am exempt from forming a candidate committee becaus (CHECK ONE)
poli	itical committee	ate of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expenditure and decomy behavioral be amittee sponsoring my candidacy. The name of this sponsor countries is:
		OR
con	tributions from cusand dollars (\$	by campaign entirely from my own, erscall fun is and will not request or receive other individuals or committees and I to derstate it if I make expenditures exceeding one 1,000) that I shall be reconsitive for filing financial disclosure statements (SEEC Form 23) me schedule and in the annumancer as record of treasurers of candidate committees.  **OR**  **
□ C.	I do not intend	to receive experiences funds in excess of one thousand dollars (\$1,000).  OR
□ D.	I do nd	to sceive or expend any funds, including personal funds, for this campaign.
13. CER		
can		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.
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)