# **SEEC FORM 1**

STATE ELECTIONS ENFORCEMENT COMMISSION

### **Registration by Candidate**

Revised September 2016



EGISTRATION TYPE       1. ELECTION DATE (mm/dd/syyy)       2. MUNICIPALITY								
REDISTRATION TITE				(If applicable)				
<ul> <li>Initial   Amendment Nov 2016</li> </ul>								
<b>3. OFFICE OR POSITION S</b>	OUGHT				4. DISTR	RICT NUM	ABER	
				(If applicable)				
State Senator					023			
5. PARTY AFFILIATION								
Republican	✓ Democratic		Other (Spec	ify)				
5. CANDIDATE NAME								
irst Name			MI	Last Name			Suffix	
Edwin			А	Gomes				
. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)			
Street Address				Address				
243 Soundview Ave								
City		State	Zip Code	City		State	Zip Code	
Bridgeport		СТ	06606					
). CANDIDATE TELEPHON	NE	10. CAN	NDIDATE EN	IAIL ADDRESS				
Include Area Code)								
203 374	0435							
1. 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.								
<i>Go to</i> <b>Form 1A</b> <i>and complete</i> <b>pages 2 and 3</b> — <i>Candidate Registration Statement.</i>								
<b>B.</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 <i>together with</i> either Form 1A, "Registration of Candidate Committee," <i>or</i> 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

<b>REGISTRATION TYPE</b>	CANDIDATE NA	ME						
✓ Initial Amendment	Edwin A Gomes							
<b>12. COMMITTEE NAME</b>								
Ed Gomes 2016								
<b>13. COMMITTEE ADDRESS</b>				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE			
Address				Email Address				
39 Mencel Cir								
City		State	Zip Code	Website				
Bridgeport		СТ	06610					
16. TREASURER NAME			-					
First Name			MI	Last Name		Suffix		
Melanie				Jackson				
<b>17. TREASURER RESIDENC</b>	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address				Address				
39 Mencel Cir								
City		State	Zip Code	City	State	Zip Code		
Bridgeport		СТ	06610					
<b>19. TREASURER TELEPHON</b>	E	20. TRE	ASURER EN	AAIL ADDRESS				
(Include Area Code)								
203 545 3251		lovleyr	nel@gmail.	com				
<b>21. DEPUTY TREASURER NA</b>	ME			1				
First Name			MI	Last Name		Suffix		
Aaron			R	Turner				
22. DEPUTY TREASURER RE	ESIDENCE ADDR	ESS		23. DEPUTY TREASURER MAILING ADDRESS (If different)				
Street Address				Address				
184 Primrose Ave								
City		State	Zip Code	City	State	Zip Code		
Bridgeport		СТ	06606					
24. DEPUTY TREASURER TH	CLEPHONE	25. DEP	UTY TREAS	SURER EMAIL ADDRESS				
(Include Area Code)								
203 610 466	9							
<b>26. DEPOSITORY INSTITUT</b>	ION NAME							
TD Bank North								
27. DEPOSITORY INSTITUTION ADDRESS								
Address 4685 Main Street, Bridgep	ort, CT 06606							
				· · · · · · ·	<u> </u>			

SEEC FORM 1A

**Revised September 2016** 

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<b>REGISTRATION TYPE</b>		CANDIDATE NAME		
✓ Initial	Amendment	Edwin A Gomes		
28. CERTIFICATION				
Candidate				
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.

_	Edwin A Gomes	01/22/2016
-	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 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.

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 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.

Melanie Jackson	01/22/2016
TREASURER SIGNATURE	DATE (mm/dd/yyyy)

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 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.

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 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.

Aaron R Turner	01/22/2016	
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/yyyy)	

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#### **SEEC FORM 1B** STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee Revised September 2016



DECICED ATION TYPE	CANDIDATE NAME			
REGISTRATION TYPE				
12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE				
I hereby cer	ify 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 expenditure and the committee sponsoring my candidacy. The name of this sponsor committee is:				
	OR			
B. I am funding my campaign entirely from my own erscell funds and will not request or receive contributions from other individuals or committees and I to derstand on if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be receipts to for filing financial disclosure statements (SEEC Form 23) according to the same schedule and in the annumative as received of treasurers of candidate committees.				
C. I do not inte				
	OR			
<b>D.</b> I do the order of the order of the period any funds, including personal funds, for this campaign.				
13. CER				
I here certify and state, under penalties of false statement, that this statement of exemption from forming a candidat committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.				
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)			