SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY				
✓ Initial Amendment	Nov 2016			(If applicable)				
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER				
State Representative				(If applicable) 063				
5. PARTY AFFILIATION	5. PARTY AFFILIATION							
✓ Republican Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Jay			М	Case				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
167 W Wakefield Blvd				PO Box 573				
City		State	Zip Code	City		State	Zip Code	
Winsted		СТ	06098	Winsted		СТ	06098	
9. CANDIDATE TELEPHONE 10. CANDI				MAIL ADDRESS				
(Include Area Code)								
860 309	4077	jcase9@hotmail.com						

11. 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 September 2016



REGISTRATION TYPE CANDIDATE NAME							
✓ Initial I Amendment Ja	I Amendment Jay M Case						
12. COMMITTEE NAME							
Case 2016							
13. COMMITTEE ADDRESS 1				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address				Email Address			
PO Box 573			jcase9@hotmail.com				
			Zip Code 06098	Website			
Winsted CT			00000				
16. TREASURER NAME							
First Name			MI	Last Name Suffix			
Dustin			R	Bingham			
17. TREASURER RESIDENCE A	DDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
10 Saint Andrews Rd			10 Saint Andrews Close				
City	S	State Zip Code		City	State	Zip Code	
Torrington		СТ	06790	Torrington	СТ	06790	
19. TREASURER TELEPHONE 20. TREASURER EM			ASURER EM	IAIL ADDRESS			
(Include Area Code)							
805 708 4345 dustinb787@gmail.d			l.com				
21. DEPUTY TREASURER NAMI	E		l v a	T. AV		La er	
First Name		MI	Last Name		Suffix		
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)				
Street Address				Address			
City	S	State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASU			URER EMAIL ADDRESS				
(Include Area Code)							
26. DEPOSITORY INSTITUTION	NAME						
TD Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
215 High Street, Torrington, CT 06790							

SEEC FORM 1A Revised September 2016

EGISTRATION TYPE	CANDIDATE NAME	
/ Initial Amendment	Jay M Case	
B. CERTIFICATION		
committee registration this statement include	on statement are true and accurate les my certification to the fact that	tement, that all of the designations set forth in this candidate to the best of my knowledge and belief, and further, that at any individual designated herein to serve as my treasurer ance of my appointment of them to those positions.
Jay M Case		01/21/2016
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State or requirements as conflimitations or restrict. I certify that I have purisdiction, any (A) under Title 9 of the oplea or the completion another such felony	s the candidate's designated treasured Connecticut. I intend to complytained in Chapter 155 through 15' tions concerning campaign contributions concerning campaign contributions are convicted of or pled guil felony involving fraud, forgery, General Statues, or that at least eigen of any sentence, whichever day or offense.	ty or nolo contendere to, in a court of competent larceny, embezzlement or bribery, or (B) criminal offense ght years have elapsed from the date of the conviction or te is later, without a subsequent conviction of or plea to
Commission.	of otherwise barred from serving a	as a treasurer by order of the State Elections Enforcement
Dustin R Bingham		01/31/2016
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as and accept that, in the automatically become that I am an elector in disclosure requirement	s the candidate's designated depute event of a vacancy caused by the responsible for discharging all in the State of Connecticut. I integents as contained in Chapter 155 to	ement, that I have accepted my appointment by the ty treasurer of this candidate committee, and I understand he treasurer's death, incapacity or resignation, I shall of the duties required of the vacating treasurer. I certify end to comply with all the campaign finance registration and through 157 of the General Statutes, and to abide by any impaign contributions and expenditures.
I certify that I have p	paid any civil penalties or forfeitu	ares assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the	felony involving fraud, forgery, General Statues, or that at least ei on of any sentence, whichever da	ty or nolo contendere to, in a court of competent larceny, embezzlement or bribery, or (B) criminal offense ght years have elapsed from the date of the conviction or te is later, without a subsequent conviction of or plea to
	t otherwise barred from serving a	as a deputy treasurer by order of the State Elections
Enforcement Comm	ission.	



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 because (CHECK ONE)					
A. I am one of a slate of candidates whose campaigns are being funded soler, y a tow committee or a political committee formed for a single election or primary and expendit to the description of the reported by the committee sponsoring my candidacy. The name of this space of committee 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 reconstructed for filing francial 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)				