SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	EGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY				
✓ Initial Amendment	Nov 2016			(If applicable)				
3. OFFICE OR POSITION	SOUGHT				4. DISTRICT NUMBER			
					(If applicabl	e)		
State Representative					014			
5. PARTY AFFILIATION								
Republican	 ✓ Democratic 		Other (Spec	ify) 				
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Saud				Anwar				
7. CANDIDATE RESIDEN	CE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
93 Rockledge Dr								
City		State	Zip Code	City		State	Zip Code	
South Windsor		СТ	06074					
9. CANDIDATE TELEPHONE 10.		10. CAN	10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)								
860 281	7985	saud@sa4sw.org						
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE								
(Check one)								
	ning a candidate n Statement.	commi	ttee and I	am required to file a Candidate	e Comm	ittee		
Go to Form	1A and complete	pages 2	and 3 — Co	andidate 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 Notic	e: Failure of a car	ndidate	to complete	e this page <i>together with</i> either Fo	rm 1A, '	'Registra	ition	

Important Notice: Failure of a candidate to complete this page *together with* either Form IA, "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 Amendment	Saud Anwar						
12. COMMITTEE NAME							
Saud Anwar For South Wi	ndsor						
13. COMMITTEE ADDRESS 14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE							
Address			Email Address				
93 Rockledge Dr				info@sa4sw.org			
City State			Zip Code	Website			
South Windsor		СТ 06074		www.sa4sw.org			
16. TREASURER NAME							
First Name			MI	Last Name		Suffix	
James			Н	Throwe			
17. TREASURER RESIDENCE ADDRESS				18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
1330 Main St							
City		State	Zip Code	City	State	Zip Code	
South Windsor		СТ	06074				
19. TREASURER TELEPHONE 20. TREASURER I			ASURER EN	IAIL ADDRESS			
(Include Area Code)							
860 289 2318	Jthrowe@yahoo.com			om			
21. DEPUTY TREASURER NA	ME		I				
First Name			MI	Last Name		Suffix	
Stephen			G	Wagner			
22. DEPUTY TREASURER RESIDENCE ADDRESS 2			23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If different,)		
Street Address			Address				
181 Tumblebrook Dr							
City		State	Zip Code	City	State	Zip Code	
South Windsor		СТ	06074-				
		2220 25. DEPUTY TREASURER EMAIL ADDRESS					
24. DEPUTY TREASURER TE (Include Area Code)	LEPHONE	25. DEP	UTY TREAS	URER EMAIL ADDRESS			
860 648 443	٨	Wagnersg@outlook.com					
26. DEPOSITORY INSTITUT	ION NAME						
Bank of America							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
243 Hartford Turnpike, Vernon, CT 06066							

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REGISTRATION TYPE	CANDIDATE NAME		
✓ Initial Amendmen	Saud Anwar		
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.

02/12/2016 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.

James H Throwe	02/12/2016
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.

 Stephen G Wagner
 02/11/2016

 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		
□ Initial □ Amendmen		
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)	
political commit	a slate of candidates whose campaigns are being funded soler, we a town committee or a see formed for a single election or primary and expendit the soler of the second se	
	OR	
contributions fro thousand dollars	g my campaign entirely from my own verse al fun is and will not request or receive in other individuals or committees and I to terstation of if I make expenditures exceeding one (\$1,000) that I shall be reconstant for filing financial disclosure statements (SEEC Form 23) same schedule and in the campaigneer as received of treasurers of candidate committees.	
C. I do not inte		
	OR	
D. I do	nd to receive or expend any funds, including personal funds, for this campaign.	
13. CER		
	nd state, under penalties of false statement, that this statement of exemption from forming a ttee, for the reason checked above, is true, accurate and complete to the best of my elief.	
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)	