### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## **Registration by Candidate**

Revised September 2016



REGISTRATION TYPE 1. ELECTION DAT		TF ((44/)		2. MUNICIPALITY			
REGISTRATIONTIFE	1. ELECTION DATE (mm/aa/yyyy)		ууу)	(If applicable)			
✓ Initial   Amendment	Nov 2016			(у аррисаоге)			
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
					(If applicable	?)	
State Senator					011		
5. PARTY AFFILIATION							
Republican • Democratic Other (Spec				(f))			
6. CANDIDATE NAME							
First Name MI			MI	Last Name Suffix			Suffix
Martin			М	Looney			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
132 Fort Hale Rd							
City		State	Zip Code	City		State	Zip Code
New Haven		СТ	06512				
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)							
203 488	6101	mmlooney@sbcglobal.net					

#### 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 Martin M Looney					
12. COMMITTEE NAME					
Martin Looney For State Senate					
13. COMMITTEE ADDRESS		14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address	Email Address				
25 Parker Pl	1-	T			
-		Zip Code 06512	Website		
New Haven CT					
16. TREASURER NAME					
First Name		MI	Last Name Suffix		
Adam		L	Joseph		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different	t)	
Street Address			Address		
25 Parker Pl					
City	State Zip Code		City	State	Zip Code
New Haven CT		CT 06512			
19. TREASURER TELEPHONE 20. TREASURER I			AAIL ADDRESS		
(Include Area Code)					
203 627 5915	adamij	adamljoseph@yahoo.com			
21. DEPUTY TREASURER NAME		l.a			La ar
First Name		MI	Last Name		Suffix
Nicholas			Neeley		
			23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If different	9)
Street Address			Address		
46 Oliver Rd				_	
City	State	Zip Code <b>06515-</b>	City	State	Zip Code
New Haven	CT	2734			
4. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS					
(Include Area Code)					
203 430 3094	nneeley3@comcast.net				
26. DEPOSITORY INSTITUTION NAME					
Citizen's Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address					
208 Church Street, New Haven, CT 06510	208 Church Street, New Haven, CT 06510				

SEEC FORM 1A

Nicholas E Neeley DEPUTY TREASURER SIGNATURE

Revised September 2016		Tagevori
REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial   Amendment	Martin M Looney	
28. CERTIFICATION		
committee registratio this statement include	n statement are true and accurate to the bes	t all of the designations set forth in this candidate at of my knowledge and belief, and further, that idual designated herein to serve as my treasurer appointment of them to those positions.
Martin M Looney		02/10/2016
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State of requirements as conta limitations or restrict.  I certify that I have particularly that I have particularly that I have particularly that I have not be served as electrons are served as electrons as electrons as electrons as electrons are served as electrons	Connecticut. I intend to comply with all the timed in Chapter 155 through 157 of the Gestons concerning campaign contributions and aid any civil penalties or forfeitures assessed to been convicted of or pled guilty or nologous.	candidate committee. I certify that I am an he campaign finance registration and disclosure meral Statutes, and to abide by any prohibitions, d expenditures.
plea or the completion another such felony of I certify that I am not Commission.	n of any sentence, whichever date is later, was offense.	er by order of the State Elections Enforcement
Adam L Joseph	_	02/10/2016
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	e event of a vacancy caused by the treasurer e responsible for discharging all of the dution the State of Connecticut. I intend to comp	r of this candidate committee, and I understand r's death, incapacity or resignation, I shall es required of the vacating treasurer. I certify ply with all the campaign finance registration and 7 of the General Statutes, and to abide by any
I certify that I have pa	aid any civil penalties or forfeitures assesse	ed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) a under Title 9 of the C	seneral Statues, or that at least eight years has not any sentence, whichever date is later, which were detailed in the sentence.	contendere to, in a court of competent abezzlement or bribery, or (B) criminal offense have elapsed from the date of the conviction or without a subsequent conviction of or plea to

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

02/10/2016

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	A. I am one of a slate of candidates whose campaigns are being funded solely was tow committee or a political committee formed for a single election or primary and expendit to the decomposition of the reported by the committee sponsoring my candidacy. The name of this spaces are committee is:					
		OR				
con thou	tributions from cusand dollars (\$	ny campaign entirely from my own erstand funds and will not request or receive other individuals or committees and I to derstand a if I make expenditures exceeding one 1,000) that I shall be reconstant for filing francial disclosure statements (SEEC Form 23) me schedule and in the tank manner as record of treasurers of candidate committees.				
C.	C. I do not intend to receive experiments in excess of one thousand dollars (\$1,000).					
□ 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 se, for the reason checked above, is true, accurate and complete to the best of my ef.				
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)				