# **SEEC FORM 1**

STATE ELECTIONS ENFORCEMENT COMMISSION

### **Registration by Candidate**

Revised September 2016



REGISTRATION TYPE         1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY			
<ul> <li>Initial   Amendment</li> <li>Nov 2016</li> </ul>			(If applicable)			
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER		
			(If applicable)			
State Representative				106		
5. PARTY AFFILIATION						
✓ Republican	Democratic	Other (Speci	ſŗ)			
6. CANDIDATE NAME						
First Name		MI	Last Name		Suffix	
Mitch			Bolinsky			
7. CANDIDATE RESIDENCE AI	DDRESS		8. CANDIDATE MAILING ADDRESS	(If different)		
Street Address			Address			
3 Wiley Ln						
City	State	Zip Code	City	State	Zip Code	
Newtown	СТ	06470				
9. CANDIDATE TELEPHONE	10. CAN	IDIDATE EM	IAIL ADDRESS			
(Include Area Code)						
203 470 272	28 MitchF	ForNewtowr	n@earthlink.net			
11. DESIGNATION OF CAMPAI	IGN FUNDING SOURCE	2				
(Check one)						
✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Besisteration Statement						
Registration Statement.						
Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.						
<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 NAME						
✓ Initial Amendment	I Amendment Mitch Bolinsky						
<b>12. COMMITTEE NAME</b>							
Mitch For Newtown 2016							
<b>13. COMMITTEE ADDRESS</b>				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address				Email Address			
PO Box 763				mitchfornewtown@earthlink.net			
City		State		Website			
Newtown		СТ	06470	www.mitchfornewtown.com			
16. TREASURER NAME				•			
First Name			MI	Last Name		Suffix	
John			D	Godin			
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
4 Quarry Ridge Rd							
City		State	Zip Code	City	State	Zip Code	
Newtown		СТ	06470				
<b>19. TREASURER TELEPHON</b>	IE	20. TRE	ASURER EN	IAIL ADDRESS			
(Include Area Code)							
203 364 6012 jgodin1312@g		1312@gmai	l.com				
	21. DEPUTY TREASURER NAME						
First Name			MI	Last Name		Suffix	
Neil			К	Chaudhary			
22. DEPUTY TREASURER RE	ESIDENCE ADDR	ESS		23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
1 Southbrook Ln							
City		State	Zip Code	City	State	Zip Code	
Newtown		СТ	06470				
		URER EMAIL ADDRESS					
24. DEPUTY TREASURER TE (Include Area Code)	LEFHONE	25. DEP	UTYTKEAS	UKER EMAIL ADDRESS			
203 240 603	7	NKC@	4Newtown.	com			
26. DEPOSITORY INSTITUTION NAME							
Newtown Savings Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address 39 Main Street, Newtown,	CT 06470						
· · · · · ·							

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REGISTRA	FION TYPE	CANDIDATE NAME
✓ Initial	Amendment	Mitch Bolinsky
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.

Mitch Bolinsky	03/17/2016
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.

John D Godin	03/19/2016
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.

Neil K Chaudhary	03/19/2016
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 Amendment			
12. REASON FOR EXEMP	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 expenditude to the committee sponsoring my candidacy. The name of this splits of the committee is:			
	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)		