# **SEEC FORM 1**

STATE ELECTIONS ENFORCEMENT COMMISSION

## **Registration by Candidate**

Revised September 2016



<b>REGISTRATION TYPE 1. ELECTION DATE</b> (mm/dd/yyyy)			vyyy)	2. MUNICIPALITY			
✓ Initial Amendment	<sup>nent</sup> Nov 2016			(If applicable)			
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
					(If applicable)		
State Representative					002		
5. PARTY AFFILIATION							
Republican	<ul><li>✓ Democratic</li></ul>		Other (Spece	ify)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Thomas			С	Burke			Jr
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
6 Stone Dam Rd							
City		State	Zip Code	City		State	Zip Code
Bethel		СТ	06801				
9. CANDIDATE TELEPHON	NE	10. CAN	DIDATE EN	IAIL ADDRESS		1	
(Include Area Code)							
203 297	0254	thoma	s@thomas	ourkect.com			
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE							
(Check one)							
✓ A. I am formi Registration	-	commi	ttee and I	am required to file a Candidate	e Comm	nittee	
Go to Form	1A and complete	pages 2	<b>and 3</b> — Co	andidate Registration Statement.			
	pt from forming ng a Candidate C			mittee and I am filing a Certifi	cation c	ofExem	ption
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 I Amendment Thomas C Burke Jr							
12. COMMITTEE NAME							
Burke For State Rep							
<b>13. COMMITTEE ADDRESS</b>				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address				Email Address			
6 Stone Dam Rd				thomas@thomasburkect.com			
City		State	Zip Code	Website www.thomasburkect.com			
Bethel		СТ	06801				
16. TREASURER NAME		1	1				
First Name			MI	Last Name Suff			
Robert				Germinaro			
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different	9		
Street Address				Address			
19 Hoyt Rd							
City		State	Zip Code	City	State	Zip Code	
Bethel CT		06801					
<b>19. TREASURER TELEPHON</b>	1E	20. TR	EASURER E	CMAIL ADDRESS			
(Include Area Code)							
203 943 0608							
<b>21. DEPUTY TREASURER NA</b>	AME					-	
First Name			MI	Last Name		Suffix	
22. DEPUTY TREASURER RI	ESIDENCE ADDR	ESS		23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If differen	t)	
Street Address			Address				
City		State	Zip Code	City	State	Zip Code	
		25. DEI	PUTY TREA	SURER EMAIL ADDRESS			
(Include Area Code)							
26. DEPOSITORY INSTITUT	ION NAME						
Bank of America							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
31 Grassy Plain Street, Bethel, CT 06801							

SEEC FORM 1A Revised September 2016 Page 3 of 4

<b>REGISTRATION TYPE</b>		CANDIDATE NAME
✓ Initial Ame	endment	Thomas C Burke Jr

#### **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.

Thomas C Burke Jr	03/31/2016
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.

Robert Germinaro	03/31/2016
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.

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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	I hereby certify that I am exempt from forming a candidate committee becaus (CHECK ONE)					
political commit	□ A. I am one of a slate of candidates whose campaigns are being funded solely v a tow committee or a political committee formed for a single election or primary and expendition v de v my behave all be reported by the committee sponsoring my candidacy. The name of this space of 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)					