SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	CEME	COMMIS						<u> </u>
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY				
Initial				(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
State Representative						(If applicable	2)	
5. PARTY AFFILIATION								
✓ Republican Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name MI			MI	Last Name Suffix			Suffix	
Robin			Green					
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address				Address				
63 Highpoint Cmns								
City		State	Zip Code	City			State	Zip Code
Marlborough		СТ	06447					
9. CANDIDATE TELEPHONE		10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)								

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

6369

268

(Check one)

860

✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

robin.green1151@gmail.com

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 🗸 Amendment	Robin L Green							
12. COMMITTEE NAME								
Green For State Rep.								
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address				Email Address				
63 Highpoint Cmns				robin.green1151@gmail.com				
City State			Zip Code 06447	Website				
Marlborough CT								
16. TREASURER NAME								
First Name			MI	Last Name Suffix				
Scott			R	Kaupin				
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address				Address				
9 Allen St								
City		State	Zip Code	City	State	Zip Code		
Enfield CT			CT 06082					
19. TREASURER TELEPHONE 20. TREASURER E			EASURER E	MAIL ADDRESS				
(Include Area Code) 860 749 1820 ScottKaupin@cox			c.net					
21. DEPUTY TREASURER NA	ME							
First Name			MI	Last Name		Suffix		
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)					
Street Address				Address				
City		State	Zip Code	City	State	Zip Code		
			PUTY TREAS	SURER EMAIL ADDRESS				
(Include Area Code)								
26. DEPOSITORY INSTITUTI	ON NAME							
Savings Institute Bank and Trust								
27. DEPOSITORY INSTITUTION ADDRESS								
50 Route 32, North Franklin, CT								
				•				

DEPUTY TREASURER SIGNATURE

Revised Sep	ptember 2016	
REGISTRA	ATION TYPE	CANDIDATE NAME
Initial	✓ Amendment	Robin L Green
28. CERTII	FICATION	
this s	mittee registrationstatement includ	tate, under penalties of false statement, that all of the designations set forth in this candidate on statement are true and accurate to the best of my knowledge and belief, and further, that es my certification to the fact that any individual designated herein to serve as my treasurer ave indicated to me their acceptance of my appointment of them to those positions. 05/02/2018
	DIDATE SIGNATURE	DATE (mm/dd/yyyy)
cand elect requi limit I cert I cert jurise	idate to serve as for in the State of irements as contrations or restrict tify that I have putify that I have numbers diction, any (A)	tate, under penalties of false statement, that I have accepted my appointment by the the candidate's designated treasurer of this candidate committee. I certify that I am an Connecticut. I intend to comply with all the campaign finance registration and disclosure ained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ions concerning campaign contributions and expenditures. aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. ot been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense General Statues, or that at least eight years have elapsed from the date of the conviction or
anotl I cert Com	her such felony of tify that I am no mission.	otherwise barred from serving as a treasurer by order of the State Elections Enforcement
	tt R Kaupin	05/02/2018
TREA	SURER SIGNATURE	DATE (mm/dd/yyyy)
cand and a autor that l discl	eby certify and sidate to serve as accept that, in the matically becom I am an elector is osure requireme	tate, under penalties of false statement, that I have accepted my appointment by the the candidate's designated deputy treasurer of this candidate committee, and I understand e event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall e responsible for discharging all of the duties required of the vacating treasurer. I certify a the State of Connecticut. I intend to comply with all the campaign finance registration and ents as contained in Chapter 155 through 157 of the General Statutes, and to abide by any ons or restrictions concerning campaign contributions and expenditures.
I cer	tify that I have p	aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
juriso unde plea	diction, any (A) or Title 9 of the (ot been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense General Statues, or that at least eight years have elapsed from the date of the conviction or n of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.
	tify that I am no rcement Commi	otherwise barred from serving as a deputy treasurer by order of the State Elections ssion.

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)					
A. I am one of a slate of candidates whose campaigns are being funded soler, y a toy committee or a political committee formed for a single election or primary and expendit to the temporal description of the properties of the committee sponsoring my candidacy. The name of this sponsor 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 reconsitive for filing financial 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)				