### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## **Registration by Candidate**

Revised September 2016



	SEMENT	COMM					
REGISTRATION TYPE	1. ELECTION DAT	E (mm/dd/y	(עעע)	2. MUNICIPALITY			
✓ Initial   Amendment	Nov 2016			(If applicable)			
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER			
State Representative					(If applicable 059	e)	
5. PARTY AFFILIATION							
✓ Republican Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name		MI	Last Name Suff			Suffix	
Carol			Α	Hall			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address			
14 Long Hollow Rd							
City	:	State	Zip Code	City		State	Zip Code
Enfield		СТ	06082				
9. CANDIDATE TELEPHONE 10. CANDIDAT			DIDATE EN	EMAIL ADDRESS			
(Include Area Code)							

### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

5294

490

#### (Check one)

860

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

carolhallhomes@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	Carol A Hall						
12. COMMITTEE NAME							
Elect Hall 2016							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address				Email Address			
14 Long Hollow Rd							
		Zip Code 06082	Website				
Enfield		CT	00002				
16. TREASURER NAME							
First Name			MI	Last Name Suffix			
Bart				Giustina			
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
1052 Enfield St							
City		State	Zip Code	City	State	Zip Code	
Enfield		CT 06082					
19. TREASURER TELEPHON	E	20. TRE	ASURER EM	AAIL ADDRESS			
(Include Area Code) 860 510 2924	bart@ctcpaassociates.com						
21. DEPUTY TREASURER NA	ME		ı				
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	
24. DEPUTY TREASURER TE	LEPHONE	25 DEP	IITV TRFAS	URER EMAIL ADDRESS			
(Include Area Code)	ZETTONE	23. DET	OTT TREAS	CKEK EMAIL ADDRESS			
26. DEPOSITORY INSTITUTION NAME							
Peoples United Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address 49 Hazard Avenue, Enfield, CT 06082							
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SEEC FORM 1A Revised September 2016

REGISTRA	TION TYPE	CANDIDATE NAME
✓ Initial	Amendment	Carol A Hall
28. CERTIF	ICATION	
Candidate	ich Hor	
I here comm this st	nittee registrationate atement includ	state, 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.
Card	ol A Hall	04/08/2016
CANDI	DATE SIGNATURE	DATE (mm/dd/yyyy)
Treasurer		
candic electo requir limita	date to serve as or in the State or rements as contitions or restrict	state, 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 f 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.
I certi	ty that I have p	aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisd under plea c anoth	iction, any (A) Title 9 of the (or the completion er such felony of	
	nission.	t otherwise barred from serving as a treasurer by order of the State Elections Enforcement
Bart Giustina 04/		04/08/2016
TREAS	URER SIGNATURE	DATE (mm/dd/yyyy)
Deputy Treasurer		
candic and ac autom that I disclo	date to serve as eccept that, in the natically become am an elector in sure requireme	state, 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 in the State of Connecticut. I intend to comply with all the campaign finance registration and ints 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 certi	fy that I have p	aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisd under plea c	iction, any (A) Title 9 of the C	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 on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.
	fy that I am not cement Commi	t otherwise barred from serving as a deputy treasurer by order of the State Elections ssion.
DEPUT	Y TREASURER SIGNA	TURE 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 be reported by 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)				