SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)		(איצי)	2. MUNICIPALITY					
✓ Initial Amendment	Nov 2016			(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
State Senator				(If applicable) 023				
5. PARTY AFFILIATION								
Republican • Democratic Other (Special			(f))					
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Dennis			Α	Bradley			II	
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address					
853 Fairfield Ave								
City	:	State	Zip Code	City		State	Zip Code	
Bridgeport		СТ	06604					
9. CANDIDATE TELEPHONE		10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)								
203 212	3617	bradleyforsenate@gmail.com						
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



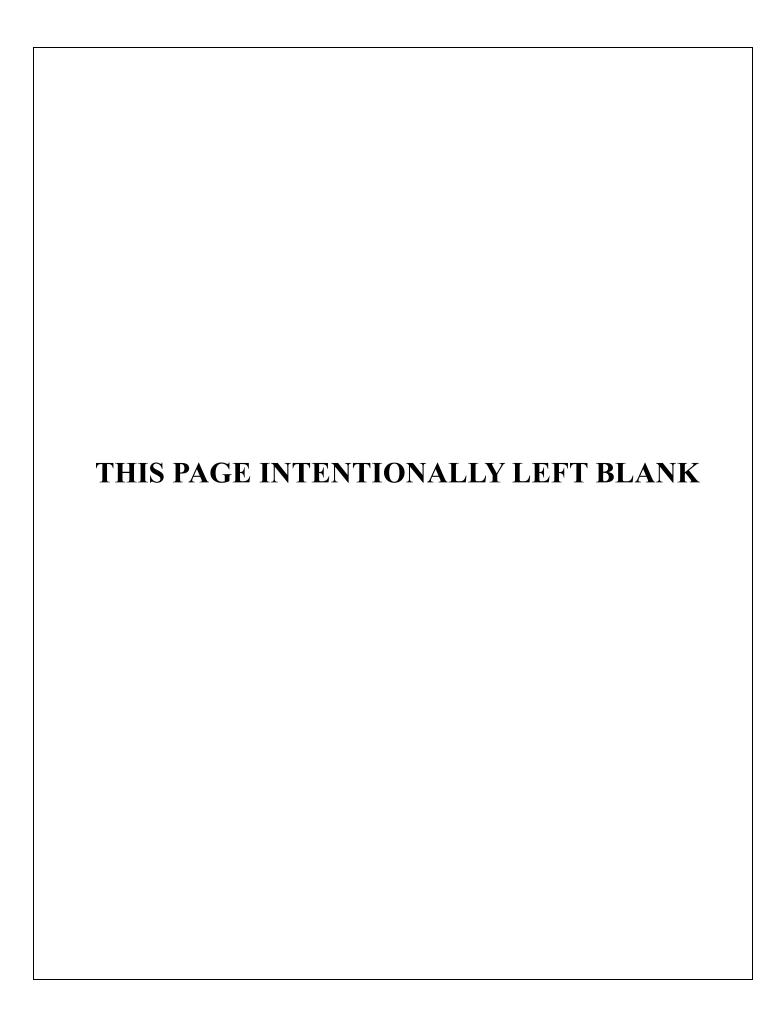
REGISTRATION TYPE CANDIDATE NAME						
✓ Initial I Amendment Dennis A Bradley II						
12. COMMITTEE NAME						
Bradley For Senate						
13. COMMITTEE ADDRESS		14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address			Email Address			
944 Fairfield Ave	_					
City		State Zip Code 06604	Website			
Bridgeport	СТ		www.bradleyforsenate.com			
16. TREASURER NAME		_				
First Name		MI	Last Name		Suffix	
Carolyn			Vermont-Fuller			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
90 Dodd Ave						
City	State Zip Code		City	State	Zip Code	
Bridgeport	СТ	06606				
19. TREASURER TELEPHONE 20. TREASURER E			MAIL ADDRESS			
(Include Area Code)						
203 685 5709 dcvermont(lobal.net			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Emily			Basham			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
853 Fairfield Ave						
City	State	Zip Code 06604	City	State	Zip Code	
Bridgeport	СТ	00004				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS			
(Include Area Code)						
402 630 2933	emcbasham@gmail.com					
26. DEPOSITORY INSTITUTION NAME						
People's Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
850 Main Street, Bridgeport, CT 06604						

SEEC FORM 1A Revised September 2016

DEPUTY TREASURER SIGNATURE

Revised September 2016						
REGISTRA	TION TYPE	CANDIDATE NAME				
✓ Initial	Amendment	Dennis A Bradley II				
28. CERTIFI	ICATION					
comn this st or dep Den	nittee registration tatement includ	on statement are true and access my certification to the fa	se statement, that all of the designations set forth in this candidate ccurate to the best of my knowledge and belief, and further, that act that any individual designated herein to serve as my treasurer cceptance of my appointment of them to those positions. 04/13/2016 DATE (mm/dd/yyyy)			
candicelectorequirelectore limita I certice limita I certice jurisd under plea certicelectore	date to serve as or in the State or rements as contactions or restrict fify that I have particularly that I have particularly that I have particularly (A). Title 9 of the C	the candidate's designated of Connecticut. I intend to cained in Chapter 155 throusions concerning campaign and any civil penalties or for the been convicted of or ple felony involving fraud, for General Statues, or that at lean of any sentence, whicher	se statement, that I have accepted my appointment by the I treasurer of this candidate committee. I certify that I am an comply with all the campaign finance registration and disclosure 157 of the General Statutes, and to abide by any prohibitions, contributions and expenditures. Forfeitures assessed pursuant to Chapters 155 to 157, inclusive. Fordeitures assessed pursuant to Chapters 155 to 157, inclusive. Fordeitures assessed pursuant to Chapters 155 to 157, inclusive. Fordeitures assessed pursuant to Chapters 155 to 157, inclusive. Fordeitures assessed pursuant to Chapters 155 to 157, inclusive. Fordeitures assessed pursuant to Chapters 155 to 157, inclusive. Fordeitures assessed pursuant to Chapters 155 to 157, inclusive. Fordeitures assessed pursuant to Chapters 155 to 157, inclusive. Fordeitures assessed pursuant to Chapters 155 to 157, inclusive. Fordeitures assessed pursuant to Chapters 155 to 157, inclusive.			
Comr	nission.		rving as a treasurer by order of the State Elections Enforcement			
Caro	lyn Vermont-Fu	ler	04/12/2016			
TREAS	URER SIGNATURE		DATE (mm/dd/yyyy)			
candic and ac autom that I disclo prohil	by certify and so date to serve as eccept that, in the natically become am an elector in osure requirementations, limitations	the candidate's designated e event of a vacancy cause e responsible for dischargi n the State of Connecticut. ents as contained in Chapter ons or restrictions concerni	se statement, that I have accepted my appointment by the I deputy treasurer of this candidate committee, and I understand d by the treasurer's death, incapacity or resignation, I shall ng all of the duties required of the vacating treasurer. I certify I intend to comply with all the campaign finance registration and r 155 through 157 of the General Statutes, and to abide by any ing campaign contributions and expenditures.			
I certi	ify that I have p	aid any civil penalties or for	orfeitures assessed pursuant to Chapters 155 to 157, inclusive.			
jurisd under plea c	iction, any (A) Title 9 of the (felony involving fraud, for General Statues, or that at loon of any sentence, whicher	ed guilty or nolo contendere to, in a court of competent rgery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or ver date is later, without a subsequent conviction of or plea to			
	ify that I am no cement Commi		rving as a deputy treasurer by order of the State Elections			
Fmil	v Rasham		04/14/2016			

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 because (CHECK ONE)					
poli	A. I am one of a slate of candidates whose campaigns are being funded solely we a town committee or a political committee formed for a single election or primary and expendit to the decomposition of the properties of the committee sponsoring my candidacy. The name of this spaces 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 reconstructed for filing francial 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)				