SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



N		1 46
	2. MUNICIPALITY	
)	(If applicable)	

REGISTRATION TYPE 1. ELECTION DATE			(עעע	2. MUNICIPALITY				
				(If applicable)				
Initial / Amendment	Nov 2016							
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NUMBER			
			(If app			applicable)		
State Representative					088			
5. PARTY AFFILIATION								
Republican	✓ Democratic		Other (Speci	(fv)				
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Joshua			Α	Elliott				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
59 Macarthur Dr								
City		State	Zip Code	City		State	Zip Code	
Hamden		CT	06518				ı	
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS							
(Include Area Code)								
607 280	1918	mrjosh	nelliott@gm	ail.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 Joshua A Elliott						
12. COMMITTEE NAME						
Josh For State Representative						
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address			Email Address			
40 Huntington St		_				
City	State	State Zip Code 06484 CT	Website			
Shelton	СТ					
16. TREASURER NAME						
First Name		MI	Last Name		Suffix	
Nicholas		P	Smith			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
238 W Main St						
City	State	Zip Code	City	State	Zip Code	
Milford CT 0646						
19. TREASURER TELEPHONE	20. TRE	CASURER EM	AAIL ADDRESS			
(Include Area Code)						
203 640 4869	yonick	onicksmith@gmail.com				
21. DEPUTY TREASURER NAME		_				
First Name		MI	Last Name		Suffix	
Eric			Gallant			
22. DEPUTY TREASURER RESIDENCE ADDRESS 23. DEPUTY TREASURER MAILING ADDRESS (If different)					9	
Street Address			Address			
78 Olive St # 506						
City	State	Zip Code 06511	City	State	Zip Code	
New Haven	СТ	00311				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS			
(Include Area Code)						
203 228 8245	gallanteric@gmail.com					
26. DEPOSITORY INSTITUTION NAME						
Webster Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
506 Shelton Avenue, Shelton, CT 06484						

Revised September 2016			
REGISTRATION TYPE	CANDIDATE NAME		
Initial	Joshua A Elliott		
28. CERTIFICATION			
committee registratio this statement include	on statement are true and accurate to the es my certification to the fact that any i	that all of the designations set forth in this candidate best of my knowledge and belief, and further, that individual designated herein to serve as my treasurer my appointment of them to those positions. O6/04/2016 DATE (mm/dd/yyyy)	
candidate to serve as elector in the State of requirements as conta limitations or restricting I certify that I have partially that I have not jurisdiction, any (A) funder Title 9 of the Goplea or the completion another such felony of	the candidate's designated treasurer of Connecticut. I intend to comply with ained in Chapter 155 through 157 of the ions concerning campaign contribution aid any civil penalties or forfeitures as to been convicted of or pled guilty or refelony involving fraud, forgery, larcengeneral Statues, or that at least eight year of any sentence, whichever date is lar offense.	sessed pursuant to Chapters 155 to 157, inclusive. solo contendere to, in a court of competent y, embezzlement or bribery, or (B) criminal offense ars have elapsed from the date of the conviction or ter, without a subsequent conviction of or plea to	
I certify that I am not Commission.	otherwise barred from serving as a tre	asurer by order of the State Elections Enforcement	
Nicholas P Smith		06/02/2016	
TREASURER SIGNATURE		DATE (mm/dd/yyyy)	
candidate to serve as and accept that, in the automatically become that I am an elector in disclosure requirement prohibitions, limitation I certify that I have particularly that I have no jurisdiction, any (A) the service of the s	the candidate's designated deputy treate event of a vacancy caused by the treate responsible for discharging all of the nother than the State of Connecticut. I intend to ents as contained in Chapter 155 throughous or restrictions concerning campaignaid any civil penalties or forfeitures assort been convicted of or pled guilty or refelony involving fraud, forgery, larcent	that I have accepted my appointment by the surer of this candidate committee, and I understand surer's death, incapacity or resignation, I shall duties required of the vacating treasurer. I certify comply with all the campaign finance registration and h 157 of the General Statutes, and to abide by any n contributions and expenditures. Sessed pursuant to Chapters 155 to 157, inclusive. Toolo contendere to, in a court of competent by, embezzlement or bribery, or (B) criminal offense ars have elapsed from the date of the conviction or	

06/02/2016 Eric Gallant DATE (mm/dd/yyyy) DEPUTY TREASURER SIGNATURE

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections

another such felony or offense.

Enforcement Commission.



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)					
poli	itical committee	ate of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expenditure and decomy behavioral be amittee sponsoring my candidacy. The name of this sponsor countries 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)				