SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	<u> Mel</u>	V7 COMM]
REGISTRATION TYPE	PE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY				
✓ Initial Amendment	Nov 2016				(If applicable)			
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER				
			(If applicable)					
State Representative					088			
5. PARTY AFFILIATION								
Republican • Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI		Last Name			Suffix
Brendan			Sharkey					
7. CANDIDATE RESIDENCE ADDRESS					8. CANDIDATE MAILING ADDRESS (If different)			
Street Address			Address					
600 Mount Carmel Ave								
City		State	Zip Code		City		State	Zip Code
Hamden		СТ	06518					
9. CANDIDATE TELEPHONE 10. CANDIDATE TELEPHONE			DIDATE	ATE EMAIL ADDRESS				
Include Area Code)								

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

4647

281

(Check one)

203

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

brendan@brendansharkey.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 NA	EGISTRATION TYPE CANDIDATE NAME					
✓ Initial I Amendment Brendan Shark	Brendan Sharkey					
12. COMMITTEE NAME						
Friends Of Brendan '16						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address	Email Address					
600 Mount Carmel Ave	_					
City	State	Zip Code 06518	Website			
Hamden	CT	00010				
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Peter	Peter F			Villano		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
133 Armory St						
City	State	Zip Code	City	State	Zip Code	
Hamden	CT	06517				
19. TREASURER TELEPHONE 20. TREASURER F			IAIL ADDRESS			
(Include Area Code)						
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Jeffrey		S	Greenfield			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If different)	
Street Address			Address			
247 Deepwood Dr						
City	State	Zip Code	City	State	Zip Code	
Amston	CT	06231				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS			
(Include Area Code)						
860 983 6574	JJGreenfield@gmail.com					
26. DEPOSITORY INSTITUTION NAME						
Webster Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
2855 Dixwell Avenue, Hamden, CT 06518						

SEEC FORM 1A

Revised September 2016		
REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendment	Brendan Sharkey	
28. CERTIFICATION		
committee registratio this statement include	tate, under penalties of false statement, that all of the designations set forth in this candidate in statement are true and accurate to the best of my knowledge and belief, and further, that it is my certification to the fact that any individual designated herein to serve as my treasurer are indicated to me their acceptance of my appointment of them to those positions. 04/13/2016	
m		
candidate to serve as elector in the State of requirements as conta	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 fined in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ions concerning campaign contributions and expenditures.	
I certify that I have pa	aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.	
jurisdiction, any (A) funder Title 9 of the G	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 nof any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.	
I certify that I am not Commission.	otherwise barred from serving as a treasurer by order of the State Elections Enforcement	
Peter F Villano	04/19/2016	
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) for any that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction and the latest not that I have no jurisdiction and the latest not that I have not jurisdiction and I have not jurisdiction.	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 event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall eversponsible 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 into as contained in Chapter 155 through 157 of the General Statutes, and to abide by any ons or restrictions concerning campaign contributions and expenditures. The definition of the desired convicted of the desired convicted of the convicted of the conviction of the desired conviction or the date of the conviction of the date of t	

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission. Jeffrey S Greenfield

plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to

DEPUTY TREASURER SIGNATURE

another such felony or offense.

04/13/2016

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 becaus (CHECK ONE)					
A. I am one of a slate of candidates whose campaigns are being funded soler, y a tow committee or a political committee formed for a single election or primary and expendit to the committee sponsoring my candidacy. The name of this sponsoring my candidacy 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 derstall 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** **OR** **OR** **OR** **OR** **DEC FORM 23 **OR** **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)				