SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	EME	V7 COMM]	
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY					
Initial	Nov 2016			(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
State Senator			(If applicable) 001					
5. PARTY AFFILIATION								
Republican V Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
John W			Fonfara					
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address			Address					
99 Montowese St								
City		State	Zip Code	City		State	Zip Code	
Hartford		СТ	06114					
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS							
Include Area Code)								

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

3606

508

(Check one)

860

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

jwfonfara@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 NA	CANDIDATE NAME						
Initial I Amendment John W Fonfar	John W Fonfara						
12. COMMITTEE NAME							
Fonfara 2016	Fonfara 2016						
13. COMMITTEE ADDRESS	13. COMMITTEE ADDRESS 4. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE						
Address			Email Address				
330 Fairfield Ave City State Zip Code			fonfara2016@gmail.com				
City			Website				
Hartford	CT	06114					
16. TREASURER NAME							
First Name		MI	Last Name Suffix				
Jessica		M	Inacio				
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address			Address				
330 Fairfield Ave							
City	State	Zip Code 06114	City	State	Zip Code		
Hartford	CT	00114					
19. TREASURER TELEPHONE 20. TREASURER EN			IAIL ADDRESS				
(Include Area Code)							
860 913 7940 jessicaminacio@gm			mail.com				
21. DEPUTY TREASURER NAME					T		
First Name		MI	Last Name		Suffix		
Roselyn			Vazquez				
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address				
Street Address			1 Linden PI Unit 502				
15 Sisson Ave	State	Zip Code	City	State	Zip Code		
City		06106					
Hartford	СТ		Hartford	СТ	06106		
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS							
(Include Area Code)	vazquez.roselyn@gmail.com						
26. DEPOSITORY INSTITUTION NAME							
Bank of America							
27. DEPOSITORY INSTITUTION ADDRESS							
Address 600 Silas Deane Highway, Wethersfield, C	T 00400	,					
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SEEC FORM 1A Revised September 2016

DEPUTY TREASURER SIGNATURE

Revised September 2016		
REGISTRATION TYPE	CANDIDATE NAME	
Initial	John W Fonfara	
28. CERTIFICATION		
committee registration this statement include	on statement are true and ac es my certification to the fa	se statement, that all of the designations set forth in this candidate occurate to the best of my knowledge and belief, and further, that act that any individual designated herein to serve as my treasurer occeptance of my appointment of them to those positions. 09/08/2016 DATE (mm/dd/yyyy)
CANDIDATE SIGNATURE		DATE (IIIII/du/yyyy)
candidate to serve as elector in the State o requirements as cont	the candidate's designated f Connecticut. I intend to cained in Chapter 155 through	se statement, that I have accepted my appointment by the treasurer of this candidate committee. I certify that I am an omply with all the campaign finance registration and disclosure gh 157 of the General Statutes, and to abide by any prohibitions, contributions and expenditures.
I certify that I have p	aid any civil penalties or fo	orfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the (felony involving fraud, forg General Statues, or that at le on of any sentence, whichev	d guilty or nolo contendere to, in a court of competent gery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or yer date is later, without a subsequent conviction of or plea to
I certify that I am no Commission.	t otherwise barred from serv	ving as a treasurer by order of the State Elections Enforcement
Jessica M Inacio		09/08/2016
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as and accept that, in th automatically become that I am an elector in disclosure requirement prohibitions, limitati	the candidate's designated e event of a vacancy caused e responsible for dischargin in the State of Connecticut. ents as contained in Chapter ons or restrictions concerning	se statement, that I have accepted my appointment by the 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 155 through 157 of the General Statutes, and to abide by any ng campaign contributions and expenditures.
I certify that I have p	aid any civil penalties or fo	orfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the (felony involving fraud, forg General Statues, or that at le on of any sentence, whichev	d guilty or nolo contendere to, in a court of competent gery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or yer date is later, without a subsequent conviction of or plea to
I certify that I am no Enforcement Comm		ving as a deputy treasurer by order of the State Elections
Roselyn Vazquez		09/08/2016

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 solely was 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 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 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)			