SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY			
✓ Initial Amendment	Nov 2016			(lf applicable)			
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NUMBER		
State Representative					(If applicabl 110	le)	
5. PARTY AFFILIATION							
Republican	✓ Democratic		Other (Spec	ify)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Bob				Godfrey			
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address	(0 00)		
13 Stillman Ave							
City		State	Zip Code	City		State	Zip Code
Danbury		СТ	06810- 8007				
9. CANDIDATE TELEPHONE		10. CAN		MAIL ADDRESS			
(Include Area Code)							
203 778	5127	bobgodfrey110@hotmail.com					
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE							
(Check one)							
	ing a candidate n Statement.	commi	ttee and I	am required to file a Candidate	e Comm	nittee	
Go to Form	1A and complete	pages 2	and 3 — Co	andidate Registration Statement.			
-	pt from forming ng a Candidate C	•		umittee and I am filing a Certifi	cation o	ofExem	ption
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 <i>together with</i> either Form 1A, "Registration of Candidate Committee," <i>or</i> Form 1B "Exemption from Forming a Candidate Committee," within 10 days							

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.

of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee. See Section 9-623(b), Connecticut General Statutes.

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement



Revised September 2016

REGISTRATION TYPE	E CANDIDATE NAME						
✓ Initial Amendment	Bob Godfrey						
12. COMMITTEE NAME							
Godfrey 2016							
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE			
Address				Email Address			
13 Stillman Ave				bobgodfrey110@hotmail.com			
City State		State	Zip Code	Website			
Danbury CT		СТ	06810- 8007				
16. TREASURER NAME			_				
First Name			MI	Last Name Suffi:		Suffix	
Joseph				Dasilva Jr		Jr	
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
18 Washington Ave							
City		State	Zip Code	City	State	Zip Code	
Danbury		CT 06810					
19. TREASURER TELEPHON	VE	20. TRF	EASURER E	MAIL ADDRESS			
(Include Area Code) 203 482 1338	Include Area Code)						
203 482 1338 jdasilvajr@gmail.com							
21. DEPUTY TREASURER NA	AME		l.a.			0.07	
First Name			MI	Last Name		Suffix	
		TOO		22. DEDUTY THE ACUDED MAIL INC. ADDRES	C at he		
22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address				23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
City		State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TH	ELEPHONE	25. DEP	UTY TREA	SURER EMAIL ADDRESS			
(Include Area Code)							
26. DEPOSITORY INSTITUT	ION NAME						
Union Savings Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
226 Main Street, Danbury, CT 06810							

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REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendment	Bob Godfrey	
28. CERTIFICATION		
Candidate		

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

05/01/2016 DATE (mm/dd/yyyy)

Bob Godfrey	
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Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

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

Joseph Dasilva	05/08/2016
TREASURER SIGNATURE	DATE (mm/dd/yyyy)

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

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

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SEEC FORM 1B STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee Revised September 2016



DECICED ATION TYPE	CANDIDATE NAME		
REGISTRATION TYPE			
□ Initial □ Amendmen			
12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE			
I hereby cer	ify that I am exempt from forming a candidate committee because (CHECK ONE)		
political commit	a slate of candidates whose campaigns are being funded soler, we a town committee or a see formed for a single election or primary and expendit the soler of the second se		
	OR		
contributions fro thousand dollars	g my campaign entirely from my own verse al fun is and will not request or receive in other individuals or committees and I to terstation of if I make expenditures exceeding one (\$1,000) that I shall be reconstant for filing financial disclosure statements (SEEC Form 23) same schedule and in the campaigneer as received of treasurers of candidate committees.		
C. I do not inte			
	OR		
D. I do	nd to receive or expend any funds, including personal funds, for this campaign.		
13. CER			
	nd state, under penalties of false statement, that this statement of exemption from forming a ttee, for the reason checked above, is true, accurate and complete to the best of my elief.		
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)		