### **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   Amendment                           | Nov 2016 |         |                             | (If applicable)                             |                |       |          |  |  |
| 3. OFFICE OR POSITION SOUGHT                    |          |         |                             | 4. DISTRICT NUMBER                          |                |       |          |  |  |
| State Representative                            |          |         |                             |                                             | (If applicable | le)   |          |  |  |
| 5. PARTY AFFILIATION                            |          |         |                             |                                             |                |       |          |  |  |
| ✓ Republican Democratic Other (Specify)         |          |         |                             |                                             |                |       |          |  |  |
| 6. CANDIDATE NAME                               |          |         |                             |                                             |                |       |          |  |  |
| First Name                                      |          |         | MI                          | Last Name                                   |                |       | Suffix   |  |  |
| Richard                                         |          |         | Α                           | Smith                                       |                |       |          |  |  |
| 7. CANDIDATE RESIDENCE ADDRESS                  |          |         |                             | 8. CANDIDATE MAILING ADDRESS (If different) |                |       |          |  |  |
| Street Address                                  |          |         |                             | Address                                     |                |       |          |  |  |
| 25 Jeremy Dr                                    |          |         |                             |                                             |                |       |          |  |  |
| City                                            |          | State   | Zip Code                    | City                                        |                | State | Zip Code |  |  |
| New Fairfield                                   |          | СТ      | 06812                       |                                             |                |       |          |  |  |
| 9. CANDIDATE TELEPHONE                          |          |         | 10. CANDIDATE EMAIL ADDRESS |                                             |                |       |          |  |  |
| (Include Area Code)                             |          |         |                             |                                             |                |       |          |  |  |

### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

4871

460

#### (Check one)

203

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

smithhouse108@att.net

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 Richard A Smit     | Richard A Smith        |                          |                                                             |       |          |  |  |  |
| 12. COMMITTEE NAME                       |                        |                          |                                                             |       |          |  |  |  |
| Smith House 108                          |                        |                          |                                                             |       |          |  |  |  |
| 13. COMMITTEE ADDRESS                    |                        |                          | 14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE                 |       |          |  |  |  |
| Address                                  |                        |                          | Email Address                                               |       |          |  |  |  |
| 25 Jeremy Dr                             | Lac                    | I a. a. i                | smithhouse108@att.net                                       |       |          |  |  |  |
| City                                     | State                  | Zip Code<br>06812        | Website                                                     |       |          |  |  |  |
| New Fairfield                            | СТ                     | 000.2                    |                                                             |       |          |  |  |  |
| 16. TREASURER NAME                       | 16. TREASURER NAME     |                          |                                                             |       |          |  |  |  |
| First Name                               |                        | MI                       | Last Name Suffix                                            |       |          |  |  |  |
| Paul                                     |                        | E                        | Swenson                                                     |       |          |  |  |  |
| 17. TREASURER RESIDENCE ADDRESS          |                        |                          | 18. TREASURER MAILING ADDRESS (If different)                |       |          |  |  |  |
| Street Address                           |                        |                          | Address                                                     |       |          |  |  |  |
| 19 High Ridge Rd                         |                        |                          | 19 High Rise Rd                                             |       |          |  |  |  |
| City                                     | State                  | Zip Code                 | City                                                        | State | Zip Code |  |  |  |
| Danbury                                  | СТ                     | 06811                    | Danbury                                                     | CT    | 06811    |  |  |  |
| 19. TREASURER TELEPHONE 20. TREASURER EM |                        |                          | IAIL ADDRESS                                                |       |          |  |  |  |
| (Include Area Code)                      |                        |                          |                                                             |       |          |  |  |  |
| 203 885 2427 psswenson@aol.d             |                        |                          | om                                                          |       |          |  |  |  |
| 21. DEPUTY TREASURER NAME                |                        | MI                       | Lost Name                                                   |       | Cuffer   |  |  |  |
| First Name                               |                        |                          | Last Name                                                   |       | Suffix   |  |  |  |
| Jonathan M                               |                        |                          | Victor                                                      |       |          |  |  |  |
| 22. DEPUTY TREASURER RESIDENCE ADDRESS   |                        |                          | 23. DEPUTY TREASURER MAILING ADDRESS (If different) Address |       |          |  |  |  |
|                                          |                        |                          | Address                                                     |       |          |  |  |  |
| 23 Musket Ridge Rd                       |                        |                          |                                                             | La    | T. C. 1  |  |  |  |
| City                                     | State                  | Zip Code<br><b>06812</b> | City                                                        | State | Zip Code |  |  |  |
| New Fairfield                            | CT                     | 00012                    |                                                             |       |          |  |  |  |
|                                          |                        |                          | URER EMAIL ADDRESS                                          |       |          |  |  |  |
| (Include Area Code)                      |                        | .:                       | 9                                                           |       |          |  |  |  |
| 914 263 9779                             | jon.m.victor@gmail.com |                          |                                                             |       |          |  |  |  |
| 26. DEPOSITORY INSTITUTION NAME          |                        |                          |                                                             |       |          |  |  |  |
| Union Savings Bank                       |                        |                          |                                                             |       |          |  |  |  |
| 27. DEPOSITORY INSTITUTION ADDRESS       |                        |                          |                                                             |       |          |  |  |  |
| Address                                  |                        |                          |                                                             |       |          |  |  |  |
| 1 Iddi 600                               |                        |                          |                                                             |       |          |  |  |  |

SEEC FORM 1A Revised September 2016

DEPUTY TREASURER SIGNATURE

| kevisea sep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 28. CERTIF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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O4/25/2016  DATE (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                          |
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| Comr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| candicand and acautom that I discloperate discourage and the control of the candidate and the candidat | by certify and so<br>date to serve as<br>eccept that, in the<br>natically become<br>am an elector in<br>osure requirements<br>bitions, limitati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the candidate's designated<br>e event of a vacancy cause<br>e responsible for dischargi<br>in the State of Connecticut.<br>ints as contained in Chapter<br>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 anying campaign contributions and expenditures.                                                                                                                                                                                                                                                    |
| I certi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| jurisd<br>under<br>plea c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                                                                              |                                                                                                                                                                                                                                                                         | ving as a deputy treasurer by order of the State Elections                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Jona                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                             |

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 toy compittee or a political committee formed for a single election or primary and expendit to the temporal description of the reported by the committee sponsoring my candidacy. The name of this spaces of 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 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)                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|                                                                                                                                                                                                                                                                                                             |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                |  |  |  |