# **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	Initial   Amendment Nov 2016			(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
					(If applicabl	le)		
State Representative					137			
5. PARTY AFFILIATION								
Republican	<ul><li>✓ Democratic</li></ul>		Other (Spec	ify)				
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Chris				Perone				
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)			
Street Address				Address				
8 E Rocks Rd								
City		State	Zip Code	City		State	Zip Code	
Norwalk		СТ	06851					
9. CANDIDATE TELEPHO	NE	10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)								
203 904	3773	cpero	ne7@gmail.	.com				
11. DESIGNATION OF CAN	MPAIGN FUNDING	SOURCE	2					
(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>B.</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 <i>together with</i> 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

<b>REGISTRATION TYPE</b>	CANDIDATE NA	AME						
Initial I Amendment Chris Perone								
<b>12. COMMITTEE NAME</b>	12. COMMITTEE NAME							
Friends Of Chris Perone								
<b>13. COMMITTEE ADDRESS</b>				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE			
Address				Email Address				
41 Beau St				asgarfunkel@hotmail.com				
City		State	Zip Code					
Norwalk		СТ	06850					
16. TREASURER NAME								
First Name			MI	Last Name	Suffix			
Andy				Garfunkel				
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different	9			
Street Address				Address				
41 Beau St								
City		State	Zip Code	City	State	Zip Code		
Norwalk			06850					
<b>19. TREASURER TELEPHON</b>	IE	20. TRF	CASURER EN	MAIL ADDRESS				
(Include Area Code) 203 981 5450 asgarfunkel@			unkel@hoti	mail.com				
<b>21. DEPUTY TREASURER NA</b>	AME	•						
First Name			MI	Last Name		Suffix		
22. DEPUTY TREASURER RI	ESIDENCE ADDR	ESS		23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If different	t)		
Street Address				Address				
City		State	Zip Code	City	State	Zip Code		
24. DEPUTY TREASURER TELEPHONE 25. DEP			UTY TREAS	SURER EMAIL ADDRESS				
(Include Area Code)								
26. DEPOSITORY INSTITUT	ION NAME							
TD Bank								
27. DEPOSITORY INSTITUTION ADDRESS								
Address 380 Main Avenue, Norwall	k, CT 06851							

SEEC FORM 1A Revised September 2016

REGISTRAT	ION TYPE	CANDIDATE NAME
✓ Initial	Amendment	Chris Perone
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.

Chris Perone	05/19/2016
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)

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.

Andy Garfunkel	05/19/2016
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 □ Amendment					
12. REASON FOR EXEMP	12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE				
I hereby cer	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 v a tow correntitee or a political committee formed for a single election or primary and expenditure view decomposition of the political be reported by the committee sponsoring my candidacy. The name of this sponsor committee is:					
	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)				