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			(If applicable)						
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER				
State Representative					(If applicable) 102				
5. PARTY AFFILIATION									
✓ Republican	Democratic		Other (Spece	ify)					
6. CANDIDATE NAME									
First Name			MI	Last Name			Suffix		
Christopher			JP	Kelly					
7. CANDIDATE RESIDENC	E ADDRESS		1	8. CANDIDATE MAILING ADDRESS	(If different)		- 1		
Street Address				Address					
165 Harbor St									
City		State	Zip Code	City		State	Zip Code		
Branford		СТ	06405						
9. CANDIDATE TELEPHON	1E	10. CAN	DIDATE EN	DIDATE EMAIL ADDRESS					
(Include Area Code)									
203 424	4163	cjpk11	l@gmail.coi	m					
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE									
(Check one)									
✓ A. I am for mi Registration	-	commi	ttee and I	am required to file a Candidate	e Comm	ittee			
Go to Form	1A and complete	pages 2	and 3 — Co	andidate 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 <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									

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	ME						
Initial I Amendment Christopher JP Kelly								
12. COMMITTEE NAME								
Kelly for Branford								
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE			
Address				Email Address				
165 Harbor St								
City		State	Zip Code					
Branford		ст	06405					
16. TREASURER NAME								
First Name			MI	Last Name	Suffix			
Kelly			Р	Ricciardi				
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)	_		
Street Address				Address				
66 Damascus Rd								
City		State	Zip Code	City	State	Zip Code		
Branford C		СТ	06405					
19. TREASURER TELEPHONE		20. TRE	ASURER EN	IAIL ADDRESS				
(Include Area Code)								
203 907 5445	203 907 5445 kricciardi35@gma			il.com				
21. DEPUTY TREASURER NA	ME							
First Name			MI	Last Name		Suffix		
22. DEPUTY TREASURER RESIDENCE ADDRESS				23. DEPUTY TREASURER MAILING ADDRESS (If different)				
Street Address				Address				
City		State	Zip Code	City	State	Zip Code		
			-					
24. DEPUTY TREASURER TELEPHONE 25. DEPU		UTY TREAS	URER EMAIL ADDRESS					
(Include Area Code)								
26. DEPOSITORY INSTITUT	ION NAME							
Citizen's Bank								
27. DEPOSITORY INSTITUT	27. DEPOSITORY INSTITUTION ADDRESS							
Address								
119 Montowese Street, Br	anford, CT 0640	5						
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REGISTRATION TYPE	CANDIDATE NAME		
✓ Initial Amendment	Christopher JP Kelly		
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.

Christopher JP Kelly	08/09/2016
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.

Kelly P Ricciardi	08/17/2016
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						
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 tove committee or a political committee formed for a single election or primary and expenditure of the committee sponsoring my candidacy. The name of this space of 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						
I here certify and state, under penalties of false statement, that this statement of exemption from forming a candidate committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.						
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)					