SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE			vyy)	2. MUNICIPALITY			
✓ Initial Amendment Feb 2017 - Sp. Elec -				(If applicable)			
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NUMBER		
State Senator					(If applicabl 032	le)	
5. PARTY AFFILIATION							
✓ Republican	Democratic		Other (Speci	ify)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Eric			С	Berthel			
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)		
Street Address				Address	(0 00)		
92 Malvern Hill Rd							
City		State	Zip Code	City		State	Zip Code
Watertown		СТ	06795				
9. CANDIDATE TELEPHON	1E	10. CAN	DIDATE EM	IAIL ADDRESS			
(Include Area Code)							
203 410	0635	ecber	hel@gmail.	com			
11. DESIGNATION OF CAM	IPAIGN 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.							
1	ot from forming ng a Candidate C	·		mittee 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							

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	AME					
✓ Initial I Amendment Eric C Berthel							
12. COMMITTEE NAME							
Eric Berthel For Senate							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	/EBSITE		
Address				Email Address			
145 Neill Dr							
City		State	Zip Code	Website			
Watertown		СТ	06795				
16. TREASURER NAME							
First Name			MI	Last Name		Suffix	
Eileen			С	Conard			
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different	9		
Street Address				Address			
145 Neill Dr							
City		State	Zip Code	City	State	Zip Code	
Watertown		СТ	06795				
19. TREASURER TELEPHON	IE	20. TRE	CASURER E	MAIL ADDRESS			
(Include Area Code)							
203 233 3066 iclaire2			2@sbcglob	al.net			
21. DEPUTY TREASURER NA	AME						
First Name			MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS		ESS		23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
City		State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE 25. (Include Area Code) 25.		25. DEP	5. DEPUTY TREASURER EMAIL ADDRESS				
(Include Incu Couc)							
26. DEPOSITORY INSTITUT	ION NAME						
Ion Bank							
27. DEPOSITORY INSTITUT	ION ADDRESS						
Address							
565 Straits Turnpike, Watertown, CT 06795				<u>.</u>	<u> </u>		

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REGISTRATION TYPE	CANDIDATE NAME			
✓ Initial Amendment	Eric C Berthel			
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.

Eric C Berthel	01/07/2017
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.

Eileen C Conard	01/07/2017
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 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 vide v my bell will be reported by the committee sponsoring my candidacy. The name of this sponsories 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 the order of 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)					