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 2018			(If applicable)			
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
Governor					(If applicable)		
5. PARTY AFFILIATION							
Republican • Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Betheona A			Guiles-Smith				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address				
48A Nanel Dr							
City		State	Zip Code	City		State	Zip Code
Glastonbury		СТ	06033				
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS						
Include Area Code)							

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

9665

920

(Check one)

860

✓ 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.

Betheona@cox.net

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 NA	CANDIDATE NAME					
✓ Initial I Amendment Betheona A Gu	Betheona A Guiles-Smith					
12. COMMITTEE NAME						
Bethy Guiles-Smith for Governor 2018						
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE				
Address	Email Address					
48A Nanel Dr			betheona@cox.net			
City State		Zip Code 06033	Website			
Glastonbury						
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Tangela			Samas			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
17 Bishop Ave						
City	State	Zip Code 06607	City	State	Zip Code	
Bridgeport	CT	00007				
19. TREASURER TELEPHONE 20. TREASURER E			AAIL ADDRESS			
	(Include Area Code)					
203 345 8497 SamasTar			a@gmail.com			
21. DEPUTY TREASURER NAME		1				
First Name		MI	Last Name		Suffix	
Debbi			Crothers Duarte			
			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
Street Address			Address			
210 Brook St	a	I a. a. i		I a	7: 0.1	
City	State	Zip Code 06074	City	State	Zip Code	
South Windsor	CT					
			URER EMAIL ADDRESS			
nclude Area Code)						
860 729 6890 debbiduarte@gmail.com						
26. DEPOSITORY INSTITUTION NAME						
Wells Fargo Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
18 Main Street East Hartford CT 06118						

SEEC FORM 1A

Debbi Crothers Duarte DEPUTY TREASURER SIGNATURE

Revised September 2016					
REGISTRATION TYPE	CANDIDATE NAME				
✓ Initial Amendment	Betheona A Guiles-Smith				
28. CERTIFICATION					
committee registration this statement include	state, under penalties of false statement, that all of the designation on statement are true and accurate to the best of my knowledge and les my certification to the fact that any individual designated hereinave indicated to me their acceptance of my appointment of them to	d belief, and further, that in to serve as my treasurer			
Betheona A Guiles-S	Smith 04/27/2017				
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)			
candidate to serve as a elector in the State of requirements as conta limitations or restricting I certify that I have partial I certify that I have not jurisdiction, any (A) for under Title 9 of the Grapplea or the completion another such felony of I certify that I am not Commission.	t otherwise barred from serving as a treasurer by order of the State	I certify that I am an egistration and disclosure abide by any prohibitions, as 155 to 157, inclusive. Int of competent y, or (B) criminal offense date of the conviction or conviction of or plea to			
Tangela Samas	04/27/2017				
TREASURER SIGNATURE	DATE (mm/dd/yyyy))			
candidate to serve as and accept that, in the automatically become that I am an elector in disclosure requirement prohibitions, limitation I certify that I have particularly that I have particularly that I have not jurisdiction, any (A) funder Title 9 of the G	state, under penalties of false statement, that I have accepted my as the candidate's designated deputy treasurer of this candidate come event of a vacancy caused by the treasurer's death, incapacity of the responsible for discharging all of the duties required of the vacate that the State of Connecticut. I intend to comply with all the campainents as contained in Chapter 155 through 157 of the General Statut ons or restrictions concerning campaign contributions and expendicated any civil penalties or forfeitures assessed pursuant to Chapters and the convicted of or pled guilty or nolo contendere to, in a counfelony involving fraud, forgery, larceny, embezzlement or bribery General Statues, or that at least eight years have elapsed from the control of any sentence, whichever date is later, without a subsequent corroffense.	nmittee, and I understand resignation, I shall ating treasurer. I certify ign finance registration and tes, and to abide by any litures. s 155 to 157, inclusive. art of competent y, or (B) criminal offense date of the conviction or			

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

04/27/2017

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	12. REASON FOR EXEMPTION 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 committee sponsoring my candidacy. The name of this spaces of compitations:						
		OR				
con thou	tributions from cusand dollars (\$	ny campaign entirely from my own erstand funds and will not request or receive other individuals or committees and I to derstand a if I make expenditures exceeding one 1,000) that I shall be reconstant for filing francial disclosure statements (SEEC Form 23) me schedule and in the tank manner as record of treasurers of candidate committees.				
C. I do not intend to receive experiments of one thousand dollars (\$1,000).						
□ D. I do proved to receive 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 se, for the reason checked above, is true, accurate and complete to the best of my ef.				
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)				