SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	1. ELECTION DATE (mm/de	d/yyyy)	2. MUNICIPALITY			
			(If applicable)			
✓ Initial Amendment	Nov 2018					
3. OFFICE OR POSITION S	OUGHT			4. DISTRICT NUM	BER	
				(If applicable)		
Governor						
5. PARTY AFFILIATION						
✓ Republican Democratic Other (Specify)						
- Republican Beniocratic Outer (specify)						
6. CANDIDATE NAME						
First Name		MI	Last Name		Suffix	
David		М	Walker			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)			
Street Address			Address			
37 Beacon St						
City	State	Zip Code	City	State	Zip Code	
Bridgeport	СТ	06605				
9. CANDIDATE TELEPHONE 10. CAND		NDIDATE EM	IAIL ADDRESS			
(Include Area Code)						
202 679	0257 Dave	e@davidmwa	ılker.net			

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

(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. 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 N.	CANDIDATE NAME					
✓ Initial I Amendment David M Walke	David M Walker					
12. COMMITTEE NAME						
Dave Walker For Governor						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address			Email Address			
1499 Post Rd	T	1				
City	State Zip Code Website 06824					
Fairfield	СТ	00021				
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Michael		J	Knight			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
2180 Kings Hwy E Unit 1						
City	State	Zip Code	City	State	Zip Code	
Fairfield	CT 06824					
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS			
(Include Area Code)						
203 685 2228 mjk@mjkcpas.con			1			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Michael			Joshi			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address Address			Address			
55 Oxford Rd						
City	State	Zip Code 06890	City	State	Zip Code	
Southport	СТ	00090				
4. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASUR			URER EMAIL ADDRESS			
(Include Area Code)						
913 269 6735	Michaeljoshi@gmail.com					
26. DEPOSITORY INSTITUTION NAME						
Wells Fargo						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
Address						

SEEC FORM 1A
Payisad Soptombor 2016

Michael Joshi

DEPUTY TREASURER SIGNATURE

Revised September 2016					
REGISTRA	TION TYPE	CANDIDATE NAME			
Initial	Amendment	David M Walker			
28. CERTIF	ICATION				
comm this s or dej	nittee registration tatement includ puty treasurer he id M Walker	on statement are true and access my certification to the fac	e statement, that all of the designations set forth in this candidate curate to the best of my knowledge and belief, and further, that ct that any individual designated herein to serve as my treasurer ceptance of my appointment of them to those positions. 07/10/2017		
CAND	IDATE SIGNATURE		DATE (mm/dd/yyyy)		
candi electo requi	date to serve as or in the State or rements as cont	the candidate's designated to f Connecticut. I intend to coained in Chapter 155 through	e statement, that I have accepted my appointment by the treasurer of this candidate committee. I certify that I am an omply with all the campaign finance registration and disclosure th 157 of the General Statutes, and to abide by any prohibitions, contributions and expenditures.		
I cert	ify that I have p	aid any civil penalties or for	rfeitures assessed pursuant to Chapters 155 to 157, inclusive.		
jurisd under plea c anoth	liction, any (A) Title 9 of the Cor the completioner such felony of	felony involving fraud, forg General Statues, or that at least on of any sentence, whicheve or offense.	I guilty or nolo contendere to, in a court of competent very, larceny, embezzlement or bribery, or (B) criminal offense ast eight years have elapsed from the date of the conviction or er date is later, without a subsequent conviction of or plea to ring as a treasurer by order of the State Elections Enforcement		
Com	nission.				
Mich	ael J Knight		07/10/2017		
TREAS	SURER SIGNATURE		DATE (mm/dd/yyyy)		
candi and a auton that I disclo	eby certify and so date to serve as eccept that, in the natically become am an elector in osure requireme	the candidate's designated of e event of a vacancy caused e responsible for discharging in the State of Connecticut. Into as contained in Chapter	e statement, that I have accepted my appointment by the deputy treasurer of this candidate committee, and I understand by the treasurer's death, incapacity or resignation, I shall g all of the duties required of the vacating treasurer. I certify I intend to comply with all the campaign finance registration and 155 through 157 of the General Statutes, and to abide by any ag campaign contributions and expenditures.		
I cert	I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.				
jurisd under plea o	liction, any (A) Title 9 of the (felony involving fraud, forg General Statues, or that at lea on of any sentence, whichever	I guilty or nolo contendere to, in a court of competent ery, larceny, embezzlement or bribery, or (B) criminal offense ast eight years have elapsed from the date of the conviction or er date is later, without a subsequent conviction of or plea to		
	ify that I am no cement Commi		ring as a deputy treasurer by order of the State Elections		
Mich	nael Joshi		07/10/2017		

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	N FOR EXEMPTION	ON FROM FORMING A CANDIDATE COMMITTEE				
	I hereby certify that I am exempt from forming a candidate committee becaus (CHECK ONE)					
poli	itical committee	ate of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expenditure and decomy behavioral be amittee sponsoring my candidacy. The name of this sponsor countries 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 reconstructed for filing francial 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)				