SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



| N | | | |
|----|-----------------|--------------------|---|
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| | | | |
| | | | |
| | | | |
| y) | 2. MUNICIPALITY | | |
| - | (If applicable) | | _ |
| | | | |
| | | | |
| | | 4. DISTRICT NUMBER | |

| REGISTRATION TYPE 1. ELECTION DATE (n | | | (איציי) | 2. MUNICIPALITY | | | | |
|---|------------------------------|-------|---|--------------------------------------|--------------------|--------|----------|--|
| | | | | (If applicable) | | | | |
| Initial 🗸 Amendment | Nov 2018 | | | | | | | |
| | 1407 2010 | | | | | | | |
| 3. OFFICE OR POSITION S | OUGHT | | | | 4. DISTRICT NUMBER | | | |
| | | | | | (If applicable) | | | |
| Governor | | | | | | | | |
| | | | | | | | | |
| 5. PARTY AFFILIATION | | | | | | | | |
| | | | | | | | | |
| Republican | Democratic | | Other (Speci | ify) | | | | |
| CANDIDATE NAME | | | | | | | | |
| 6. CANDIDATE NAME | | |) of | I (M | | | 0.00 | |
| First Name | | MI | Last Name | | | Suffix | | |
| Mark Stewart | | | | Greenstein | | | | |
| | E ADDDEGG | | | O CANDIDATE MAILING ADDRESS (ICHT.) | | | | |
| 7. CANDIDATE RESIDENCE ADDRESS | | | 8. CANDIDATE MAILING ADDRESS (If different) Address | | | | | |
| Street Address | | | | Addices | | | | |
| 107 Fenn Rd | | | | 101 Fenn Rd | | | | |
| City | | State | Zip Code | City | | State | Zip Code | |
| | | | 06111 | | | | | |
| Newington | | СТ | | Newington | | CT | 06111 | |
| 9. CANDIDATE TELEPHONE 10. CAND | | | DIDATE EM | IAIL ADDRESS | | | | |
| Include Area Code) | | | | | | | | |
| 400 | E400 | ataa | |) | | | | |
| 914 482 | 5166 | stewa | rtforliberty@ | gmaii.com | | | | |
| 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 NAME | | | | | | |
|--|----------|----------|---|-----------|----------|--|
| Initial ✓I Amendment Mark Stewart Greenstein | | | | | | |
| 12. COMMITTEE NAME | | | | | | |
| Stewart for Liberty | | | | | | |
| 13. COMMITTEE ADDRESS | | | 14. & 15. COMMITTEE EMAIL ADDRESS & W | & WEBSITE | | |
| Address | | | Email Address | | | |
| 156 Francis St | | | libertymsg@gmail.com | | | |
| City | | | | Website | | |
| New Britain | СТ | 06052 | www.stewartforliberty.com | | | |
| 16. TREASURER NAME | | | | | | |
| First Name | | MI | Last Name | | Suffix | |
| Michelle | | D | Ambrosio | | | |
| 17. TREASURER RESIDENCE ADDRESS | | | 18. TREASURER MAILING ADDRESS (If different | 9) | | |
| Street Address | | | Address | | | |
| 19 Glen Hollow Dr | | | | | | |
| City | State | Zip Code | City | State | Zip Code | |
| Unionville | CT 06085 | | | | | |
| 19. TREASURER TELEPHONE 20. TREASURER I | | | IAIL ADDRESS | | | |
| (Include Area Code) 860 284 8400 michelle@stewarti | | | forliberty.com | | | |
| 21. DEPUTY TREASURER NAME | | | | | | |
| 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. DEPUTY TREAS | | | URER EMAIL ADDRESS | | | |
| (Include Area Code) | | | | | | |
| | | | | | | |
| 26. DEPOSITORY INSTITUTION NAME | | | | | | |
| Citizens Bank | | | | | | |
| 27. DEPOSITORY INSTITUTION ADDRESS | | | | | | |
| Address | | | | | | |
| 15 South Main Street, West Hartford, CT 0 | 06107 | | | | | |
| | | | | - i | | |

DEPUTY TREASURER SIGNATURE

| Revised September 2016 | | | | | | | |
|--|--|--|--|--|--|--|--|
| REGISTRATION TYPE | CANDIDATE NAME | | | | | | |
| Initial | Mark Stewart Greenstein | | | | | | |
| 28. CERTIFICATION | | | | | | | |
| committee registration this statement include | on statement are true and acces my certification to the factor ave indicated to me their access. | e statement, that all of the designations set forth in this candidate urate to the best of my knowledge and belief, and further, that that any individual designated herein to serve as my treasurer eptance of my appointment of them to those positions. 11/09/2017 DATE (mm/dd/yyyy) | | | | | |
| Treasurer | | | | | | | |
| I hereby certify and s candidate to serve as elector in the State of requirements as cont- limitations or restrict | the candidate's designated to f Connecticut. I intend to co- ained in Chapter 155 through tions concerning campaign co- | statement, that I have accepted my appointment by the reasurer of this candidate committee. I certify that I am an imply with all the campaign finance registration and disclosure in 157 of the General Statutes, and to abide by any prohibitions, contributions and expenditures. | | | | | |
| I certify that I have p | aid any civil penalties or for | feitures assessed pursuant to Chapters 155 to 157, inclusive. | | | | | |
| jurisdiction, any (A) under Title 9 of the (plea or the completic another such felony of | 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. | | | | | | |
| Michelle D Ambrosio | ı | 11/09/2017 | | | | | |
| 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 pure I certify that I have no jurisdiction, any (A) under Title 9 of the Control of t | the candidate's designated de event of a vacancy caused be responsible for discharging in the State of Connecticut. It ents as contained in Chapter 1 cons or restrictions concerning and any civil penalties or formation to been convicted of or pled felony involving fraud, forget General Statues, or that at lead on of any sentence, whicheve | statement, that I have accepted my appointment by the leputy treasurer of this candidate committee, and I understand by the treasurer's death, incapacity or resignation, I shall gall of the duties required of the vacating treasurer. I certify intend to comply with all the campaign finance registration and 155 through 157 of the General Statutes, and to abide by any grampaign contributions and expenditures. feitures assessed pursuant to Chapters 155 to 157, inclusive. guilty or nolo contendere to, in a court of competent ery, larceny, embezzlement or bribery, or (B) criminal offense st eight years have elapsed from the date of the conviction or redate is later, without a subsequent conviction of or plea to | | | | | |

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 because (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) | | | | |
| | | | | | | |