SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	Ver	<u> </u>					
REGISTRATION TYPE 1. ELECTION DATE (mm.			yyy)	2. MUNICIPALITY			
				(If applicable)			
Initial / Amendment	Nov 2018						
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
Attorney General					(If applicable)		
5. PARTY AFFILIATION							
✓ Republican Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name			MI	Last Name		Suffix	
John			Т	Shaban			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address				
29 Ledgewood Rd							
City		State	Zip Code	City	State	Zip Code	
Redding		СТ	06896				
9. CANDIDATE TELEPHONE 10.			CANDIDATE EMAIL ADDRESS				
Include Area Code)			·				
203 856	3885	Jshaba	an@wbam	ct.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 John T Shabar	✓I Amendment John T Shaban					
12. COMMITTEE NAME						
Shaban for AG	Shaban for AG					
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address	Email Address					
PO Box 4694			shaban@whitcomb.cc			
City	State Zip Code 06813		Website			
Danbury	Danbury CT CT			shabanforag.com		
16. TREASURER NAME						
First Name		MI	Last Name Suffix		Suffix	
John	n M Whitcomb					
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
198 Southern Blvd						
City	State	Zip Code	City	State	Zip Code	
Danbury	СТ	06810				
19. TREASURER TELEPHONE 20. TREASURER EN			IAIL ADDRESS			
(Include Area Code)						
203 312 7312 shaban@whitcom			b.cc			
21. DEPUTY TREASURER NAME		MI	Last Name		C65	
First Name					Suffix	
Frank			Taylor			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
Street Address 45 Deacon Abbott Rd						
City	State	Zip Code	City	State	Zip Code	
Redding	СТ	06896				
			URER EMAIL ADDRESS			
(Include Area Code)						
203 733 2875	fjtaylor@tayloredbizsolutions.com					
26. DEPOSITORY INSTITUTION NAME						
Savings Bank of Danbury						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
35 West Street, Danbury, CT 06810	35 West Street, Danbury, CT 06810					

SEEC FOR Revised Septe	RM 1A ember 2016		Page 3 of 4	
REGISTRAT	TON TYPE	CANDIDATE NAME		
Initial	/ Amendment	John T Shaban		
28. CERTIFIC	CATION			
commi this sta or dep	ttee registration tement includuty treasurer h	on statement are true and accurate to the bes		
John	T Shaban		12/19/2017	
CANDID	ATE SIGNATURE		DATE (mm/dd/yyyy)	
I certify jurisdiction on another	ate to serve as in the State of the State of the sements as contained by that I have put that I have notion, any (A) Title 9 of the Completion of the completion of that I am notion, and the completion of the such felony of that I am notion.	f Connecticut. I intend to comply with all tained in Chapter 155 through 157 of the Geions concerning campaign contributions and aid any civil penalties or forfeitures assessed to been convicted of or pled guilty or nologically involving fraud, forgery, larceny, engeneral Statues, or that at least eight years have of any sentence, whichever date is later, for offense.	candidate committee. I certify that I am an he campaign finance registration and disclosure eneral Statutes, and to abide by any prohibitions, d expenditures. ed pursuant to Chapters 155 to 157, inclusive.	
John I	M Whitcomb		12/19/2017	
TREASU	RER SIGNATURE		DATE (mm/dd/yyyy)	
candidand accautoma that I a disclos prohibit	ate to serve as cept that, in the atically become an elector in the requirementations, limitations, limitations, that I have put that I have nection, any (A)	e event of a vacancy caused by the treasure e responsible for discharging all of the duti- n the State of Connecticut. I intend to com- nts as contained in Chapter 155 through 15 ons or restrictions concerning campaign con- aid any civil penalties or forfeitures assessed ot been convicted of or pled guilty or nolo- felony involving fraud, forgery, larceny, en	r of this candidate committee, and I understand r's death, incapacity or resignation, I shall es required of the vacating treasurer. I certify ply with all the campaign finance registration and 7 of the General Statutes, and to abide by any ntributions and expenditures.	

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

plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to

Frank J Taylor	12/19/2017
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/yyyyy)

another such felony or offense.



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 derstall 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** **OR** **OR** **OR** **OR** **DEC FORM 23 **OR** **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)			