SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	COME	NI COMM					
REGISTRATION TYPE	1. ELECTION DAT	Γ E (mm/dd/y	(עעע	2. MUNICIPALITY			
✓ Initial Amendment	Nov 2018			(If applicable)			
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NUMBER		IBER
State Representative				(If applicable) 136			
5. PARTY AFFILIATION							
Republican V Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Jonathan P			Р	Steinberg			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address			
1 Bushy Ridge Rd							
City		State	Zip Code	City		State	Zip Code
Westport		СТ	06880				
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS						
Include Area Code)							

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

7477

722

(Check one)

203

✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

jpsteinberg@optonline.net

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.

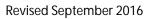
See Section 9-623(b), Connecticut General Statutes.

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





REGISTRATION TYPE CANDIDATE NA	ATION TYPE CANDIDATE NAME					
✓ Initial I Amendment Jonathan P Ste	Jonathan P Steinberg					
12. COMMITTEE NAME						
Steinberg for State Rep						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address			Email Address			
1 Bushy Ridge Rd	1_	Zip Code	jpsteinberg@optonline.net			
City State Zi			Website			
Westport	CT					
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Allen	Allen			Bomes		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different	")		
Street Address			Address			
9 Bayberry Ln						
City	State	Zip Code	City	State	Zip Code	
Westport	CT 06880					
19. TREASURER TELEPHONE 20. TREASU			IAIL ADDRESS			
(Include Area Code)						
203 216 5377 BomesA@			e.net			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Robert			Galan			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address Address						
269 Main St						
City	State	Zip Code 06880	City	State	Zip Code	
Westport	CT	00000				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASU			URER EMAIL ADDRESS			
(Include Area Code)						
203 222 1850	Robert.Galan@snet.net					
26. DEPOSITORY INSTITUTION NAME						
TD Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
27. DEPOSITORY INSTITUTION ADDRESS						
Address Address 185 Main Street, Westport, CT 06880						

SEEC FORM 1A Revised September 2016		Page 3 of 4
REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendment	Jonathan P Steinberg	
28. CERTIFICATION		
committee registration this statement include	state, under penalties of false statement, that all of on statement are true and accurate to the best of m es my certification to the fact that any individual ave indicated to me their acceptance of my appoin	y knowledge and belief, and further, that designated herein to serve as my treasurer
		2.1.2 (42 3333)
candidate to serve as elector in the State or requirements as contilimitations or restrict. I certify that I have pure I certify that I have not jurisdiction, any (A) under Title 9 of the Coplea or the completion another such felony of	state, under penalties of false statement, that I have the candidate's designated treasurer of this candidate in Chapter 155 through 157 of the General sions concerning campaign contributions and expensions concerning campaign contributions and expensions are convicted of or pled guilty or nolo content felony involving fraud, forgery, larceny, embezzlisheneral Statues, or that at least eight years have elem of any sentence, whichever date is later, without or offense.	date committee. I certify that I am an appaign finance registration and disclosure Statutes, and to abide by any prohibitions, enditures. Suant to Chapters 155 to 157, inclusive. Indere to, in a court of competent ement or bribery, or (B) criminal offense lapsed from the date of the conviction or at a subsequent conviction of or plea to
Commission.	t otherwise buried from serving as a deastrer by	raci of the state Elections Emolecment
Allen S Bomes		12/04/2017
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as and accept that, in th automatically becom that I am an elector in disclosure requireme	state, under penalties of false statement, that I have the candidate's designated deputy treasurer of this e event of a vacancy caused by the treasurer's dealer responsible for discharging all of the duties require the State of Connecticut. I intend to comply with the state of Connecticut. I intend to comply with the state of Connecticut in Chapter 155 through 157 of the cons or restrictions concerning campaign contributions.	is candidate committee, and I understand ath, incapacity or resignation, I shall uired of the vacating treasurer. I certify th all the campaign finance registration and are General Statutes, and to abide by any

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.

Robert Galan	_	12/04/2017		
DEPUTY TREASURER SIGNATURE		DATE (mm/dd/yyyyy)		



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 reconsitive for filing financial 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)