SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	ORIGINE	NT COMMISS							
REGISTRATION TYPE	1. ELECTION DAT	ΓE (mm/do	d/yyyy)	2. MUNICIPAL	ITY				
✓ Initial Amendment	Nov 2018			(If applicable)					
3. OFFICE OR POSITION SOUGHT						4. DISTRICT NUMBER			
						(If applicable	?)		
State Representative					003				
5. PARTY AFFILIATION									
Republican V Democratic Other (Specify)									
6. CANDIDATE NAME									
First Name			MI	Last Name				Suffix	
Minnie			Gonzalez						
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)					
Street Address				Address					
97 Amity St									
City		State	Zip Code	City			State	Zip Code	
Hartford		СТ	06106-						

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

5907

(Check one)

(Include Area Code)

860

9. CANDIDATE TELEPHONE

655

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

10. CANDIDATE EMAIL ADDRESS

MinnieGonzalez@comcast.net

Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.

1001

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 Amendment	Minnie Gonzalez						
12. COMMITTEE NAME							
Committee to Re-Elect Minnie Gonzalez							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address				Email Address			
97 Amity St				minniegonzalez@comcast.net			
I -		Zip Code 06106-	Website				
Hartford		CT	1001				
16. TREASURER NAME			_				
First Name			MI	Last Name Suffix			
John			J	DuBois			
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
18 Columbia St							
City		State	Zip Code	City	State	Zip Code	
Hartford		CT	06106				
19. TREASURER TELEPHONE 20. TREASURER E			CASURER EN	MAIL ADDRESS			
(Include Area Code) 860 231 8023 ddjohn707@hotm			ail.com				
21. DEPUTY TREASURER NA	AME.						
First Name	N.V.E.		MI	Last Name		Suffix	
Ramon			L	Arroyo			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)				
Street Address			Address				
97 Amity St							
City		State	Zip Code	City	State	Zip Code	
Hartford		CT	06106- 1001				
24. DEPUTY TREASURER TI				SURER EMAIL ADDRESS			
(Include Area Code)							
860 922 571	6	ramonarroyo@comcast.net					
26. DEPOSITORY INSTITUTION NAME							
Webster Savings Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
680 Park Street, Hartford, CT 06106							
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SEEC FORM 1A

Revised September 2016		
REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendment	Minnie Gonzalez	
28. CERTIFICATION		
committee registration this statement include	n statement are true and accurate to the sex my certification to the fact that any	ent, that all of the designations set forth in this candidate the best of my knowledge and belief, and further, that y individual designated herein to serve as my treasurer of my appointment of them to those positions. 12/11/2017
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as telector in the State of requirements as conta limitations or restricti I certify that I have particular of the I have not jurisdiction, any (A) for under Title 9 of the Graplea or the completion another such felony of I certify that I am not	the candidate's designated treasurer of Connecticut. I intend to comply with an inchember 155 through 157 of sons concerning campaign contribution and any civil penalties or forfeitures and the been convicted of or pled guilty or felony involving fraud, forgery, larce teneral Statues, or that at least eight you of any sentence, whichever date is a roffense.	nt, that I have accepted my appointment by the of this candidate committee. I certify that I am an th all the campaign finance registration and disclosure the General Statutes, and to abide by any prohibitions, ons and expenditures. assessed pursuant to Chapters 155 to 157, inclusive. I nolo contendere to, in a court of competent eny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or later, without a subsequent conviction of or plea to
Commission.		
John J DuBois		12/11/2017
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as tand 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 no jurisdiction, any (A) f	the candidate's designated deputy tree event of a vacancy caused by the tree responsible for discharging all of the the State of Connecticut. I intend to the state of Connecticut. I intend to the state of Connecticut. I intend to the state of Connecticut intended to the state of Connecticut. I intend to the state of Connecticut. I intend to the state of Connecticut intended to the state of Connecticut. I intend to the state of Connecticut. I inte	nt, that I have accepted my appointment by the easurer of this candidate committee, and I understand easurer's death, incapacity or resignation, I shall ne duties required of the vacating treasurer. I certify to comply with all the campaign finance registration and high 157 of the General Statutes, and to abide by any ign contributions and expenditures. Cassessed pursuant to Chapters 155 to 157, inclusive. The nolo contender to, in a court of competent eny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or

12/11/2017 Ramon L Arroyo DATE (mm/dd/yyyy) DEPUTY TREASURER SIGNATURE

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

another such felony or offense.

Enforcement Commission.



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)				