SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)		יעעי)	2. MUNICIPALITY			
✓ Initial Amendment	Nov 2018			(If applicable)			
3. OFFICE OR POSITION S	OUGHT				4. DISTR	ICT NUM	BER
State Representative				(If applicable) 002			
5. PARTY AFFILIATION							
Republican • Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name	e		MI	Last Name Suffix			Suffix
Raghib				Allie-Brennan			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address				
9 Cross Hill Rd							
City		State	Zip Code	City		State	Zip Code
Bethel		CT	06801				
9. CANDIDATE TELEPHONE		10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
203 241	6034	raghibbrennan@gmail.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



EEGISTRATION TYPE CANDIDATE NAME						
✓ Initial I Amendment Raghib Allie-Br	Raghib Allie-Brennan					
12. COMMITTEE NAME						
Raghib 2018						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address			Email Address			
7 Monarch Rd	_		info@raghibforct.com			
City	State	Zip Code 06811	Website			
Danbury CT		00011	www.raghibforct.com			
16. TREASURER NAME	•					
First Name		MI	Last Name Suf			
Starr		L	Unwin			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
7 Monarch Rd						
City	State	Zip Code	City	State	Zip Code	
Danbury	CT 06811					
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS			
(Include Area Code)						
203 798 0132 sdunwin@aol.com						
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Sarah			Courteau			
			23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If different)	
Street Address Address						
18 Fleetwood Park						
City	State	Zip Code 06801	City	State	Zip Code	
Bethel	CT	00001				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS						
(Include Area Code)						
202 329 2107 slcourteau@gmail.com						
26. DEPOSITORY INSTITUTION NAME						
Union Savings Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
24 Grassy Plain Street, Bethel, CT 06801						

SEEC FORM 1A Revised September 2016				
REGISTRAT	TION TYPE	CANDIDATE NAME		
Initial	Amendment	Raghib Allie-Brennan		
28. CERTIFIC	CATION			
comm this sta or dep	ittee registration ntement includ	on statement are true and accurate to the best my certification to the fact that any indexe indicated to me their acceptance of me	nat all of the designations set forth in this candidate best of my knowledge and belief, and further, that lividual designated herein to serve as my treasurer by appointment of them to those positions. 12/27/2017	
CANDIE	OATE SIGNATURE		DATE (mm/dd/yyyy)	
candid elector require limitat I certif I certif jurisdicunder plea or anothe	ate to serve as in the State of the I have possible of the Completion of the Completion of the Completion of the I am not the State I am n	the candidate's designated treasurer of the Connecticut. I intend to comply with all ained in Chapter 155 through 157 of the Connections concerning campaign contributions and any civil penalties or forfeitures assess to been convicted of or pled guilty or nol felony involving fraud, forgery, larceny, beneral Statues, or that at least eight years no fany sentence, whichever date is later or offense.	ssed pursuant to Chapters 155 to 157, inclusive.	
Starr	L Unwin		12/27/2017	
TREASU	RER SIGNATURE		DATE (mm/dd/yyyy)	
candid and ac automa that I a	ate to serve as cept that, in the atically become am an elector in	the candidate's designated deputy treasure e event of a vacancy caused by the treasure responsible for discharging all of the du the State of Connecticut. I intend to con	nat I have accepted my appointment by the rer of this candidate committee, and I understand rer's death, incapacity or resignation, I shall reserved of the vacating treasurer. I certify mply with all the campaign finance registration and .57 of the General Statutes, and to abide by any	

prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

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.

Sarah L Courteau	12/27/2017
DEPLITY 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	12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE					
	I hereby certify that I am exempt from forming a candidate committee becaus (CHECK ONE)					
poli	A. I am one of a slate of candidates whose campaigns are being funded soler, y a toy committee or a political committee formed for a single election or primary and expendit to the decomposition of the properties of the committee sponsoring my candidacy. The name of this space of the committee sponsoring my candidacy.					
		OR				
con	tributions from cusand dollars (\$2)	ny campaign entirely from my own, ersc. I fun is a d will not request or receive other individuals or committees and I to derst. It if I make expenditures exceeding one 1,000) that I shall be reconstruction for filing francial disclosure statements (SEEC Form 23) me schedule and in the annual area as record of treasurers of candidate committees. OR				
☐ C.	C. I do not intend to receive experiments of one thousand dollars (\$1,000).					
D. I do to receive 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)				