### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## **Registration by Candidate**

Revised September 2016



	CEME	COMM							
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY					
✓ Initial   Amendment	Nov 2018			(If applicable)					
3. OFFICE OR POSITION S	4. DISTRICT NUMBER								
						(If applicable	?)		
State Senator					003				
5. PARTY AFFILIATION									
Republican • Democratic Other (Specify)									
6. CANDIDATE NAME									
First Name			MI	Last Name				Suffix	
Timothy			D	Larson					
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)					
Street Address				Address					
33 Gorman PI									
City State		State	Zip Code	City			State	Zip Code	
East Hartford C		СТ	06108						
O. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS								

### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

9635

291

#### (Check one)

(Include Area Code,

860

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

mayorlarson1212@yahoo.com

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 NA	YPE CANDIDATE NAME						
✓ Initial I Amendment Timothy D Lars	Timothy D Larson						
12. COMMITTEE NAME							
Larson for State Senate 18							
13. COMMITTEE ADDRESS			4. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address			Email Address				
33 Gorman PI			mayorlarson1212@yahoo.com				
City	State	Zip Code 06108	Website				
East Hartford	CT	00100					
16. TREASURER NAME	16. TREASURER NAME						
First Name		MI	Last Name Suffix				
Gustavo		E	Bajana				
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address			Address				
681 Burnham St							
City	State	Zip Code	City	State	Zip Code		
East Hartford	CT 06108						
19. TREASURER TELEPHONE 20. TREASURER E			IAIL ADDRESS				
(Include Area Code)							
860 289 4180 gusbajana 0			ail.com				
21. DEPUTY TREASURER NAME		1.0	le su				
First Name		MI T	Last Name		Suffix		
Hugo		T	Benettieri				
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address				
Street Address	Address						
32 Pamela Ct							
City	State	Zip Code <b>06016</b>	City	State	Zip Code		
Broad Brook	CT	00010					
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS				
(Include Area Code)							
860 202 5721	htb100@cox.net						
26. DEPOSITORY INSTITUTION NAME							
Webster Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
665 West Main Street, New Britain, CT 06053							

SEEC FORM 1A Revised September 2016

Hugo T Benettieri

DEPUTY TREASURER SIGNATURE

Revised Se	ptember 2016	
REGISTR	ATION TYPE	CANDIDATE NAME
Initial	Amendment	Timothy D Larson
28. CERTI	FICATION	
com this or d	mittee registration statement include	state, under penalties of false statement, that all of the designations set forth in this candidate on statement are true and accurate to the best of my knowledge and belief, and further, that es my certification to the fact that any individual designated herein to serve as my treasurer ave indicated to me their acceptance of my appointment of them to those positions.  O1/01/2018  DATE (mm/dd/yyyy)
Treasurer		
I her cand electreque limit. I centre juris under plea anot.	lidate to serve as tor in the State or in the State or irements as contrations or restrict tify that I have putify that I have nucleion, any (A) or Title 9 of the Completic her such felony of	state, under penalties of false statement, that I have accepted my appointment by the the candidate's designated treasurer of this candidate committee. I certify that I am an a Connecticut. I intend to comply with all the campaign finance registration and disclosure ained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ions concerning campaign contributions and expenditures.  aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.  ot been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense General Statues, or that at least eight years have elapsed from the date of the conviction or on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.  It otherwise barred from serving as a treasurer by order of the State Elections Enforcement
Gus	stavo E Bajana	01/01/2018
	ASURER SIGNATURE	DATE (mm/dd/yyyy)
and auto that disc proh	reby certify and solidate to serve as accept that, in the matically become I am an elector in losure requiremental in the partify that I have putify that I have not diction, any (A) for Title 9 of the Corthe completion of the completion of the such felony of the such felony of the server as a	state, under penalties of false statement, that I have accepted my appointment by the the candidate's designated deputy treasurer of this candidate committee, and I understand the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall the responsible for discharging all of the duties required of the vacating treasurer. I certify the State of Connecticut. I intend to comply with all the campaign finance registration and the sas contained in Chapter 155 through 157 of the General Statutes, and to abide by any one or restrictions concerning campaign contributions and expenditures.  and any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. The other convicted of or pled guilty or nolo contender to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense General Statues, or that at least eight years have elapsed from the date of the conviction or on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.
	orcement Commi	

01/01/2018

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 becaus (CHECK ONE)					
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 temporal description of the reported by the committee sponsoring my candidacy. The name of this spaces of committee 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)				