State

Zip Code

### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



	REMENT COUNTY				
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy) 2.		2. MUNICIPALITY			
✓ Initial   Amendment	Nov 2018		(If applicable)		
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER	
				(If applicable)	
State Senator			035		
5. PARTY AFFILIATION					
Republican   Democratic Other (Specify)					
6. CANDIDATE NAME					
irst Name		MI	Last Name		Suffix
John		Α	Perrier		
. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)		
treet Address			Address		
18 Bradway Pond Rd					

City

#### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

7794

### (Check one)

(Include Area Code)

860

Stafford Springs

9. CANDIDATE TELEPHONE

930

City

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

jperrier06076@yahoo.com

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

Zip Code

06076

10. CANDIDATE EMAIL ADDRESS

State

CT

**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 A Perrier	Int John A Perrier					
12. COMMITTEE NAME						
Perrier 2018	Perrier 2018					
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address			Email Address			
6 Charter Rd			ajgnes2003@yahoo.com			
City	State Zip Code 06076		Website			
Stafford Springs	СТ	00070				
16. TREASURER NAME	•					
First Name		MI	Last Name Suffix		Suffix	
Anthony		J	Guardiani			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different	9)		
Street Address			Address			
6 Charter Rd						
City	State	Zip Code	City	State	Zip Code	
Stafford Springs	CT 06076					
19. TREASURER TELEPHONE 20. TREASURER EM			MAIL ADDRESS			
(Include Area Code) 860 416 3098 ajgnes2003@yahoo			oo.com			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address	o (s) asyorest	9	
City	State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASU			URER EMAIL ADDRESS			
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
Stafford Savings Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
2 Furnace Avenue, Stafford Springs, CT 06076						

REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial   Amendmen	John A Perrier	
28. CERTIFICATION		
committee registrathis statement incl	ation statement are true and a ludes my certification to the f	lse statement, that all of the designations set forth in this candidate accurate to the best of my knowledge and belief, and further, that fact that any individual designated herein to serve as my treasurer acceptance of my appointment of them to those positions.
John A Perrier		01/08/2018
CANDIDATE SIGNATUR	Е	DATE (mm/dd/yyyy)
elector in the State requirements as colimitations or restrict I certify that I have Jurisdiction, any (aunder Title 9 of the	e of Connecticut. I intend to ontained in Chapter 155 throurictions concerning campaigne paid any civil penalties or fee not been convicted of or pleA) felony involving fraud, for the General Statues, or that at letion of any sentence, whicher	d treasurer of this candidate committee. I certify that I am an comply with all the campaign finance registration and disclosure 157 of the General Statutes, and to abide by any prohibitions, a contributions and expenditures.  Forfeitures assessed pursuant to Chapters 155 to 157, inclusive.  Red guilty or nolo contendere to, in a court of competent 159 regery, larceny, embezzlement or bribery, or (B) criminal offense least eight years have elapsed from the date of the conviction or ever date is later, without a subsequent conviction of or plea to
Commission.		rving as a treasurer by order of the State Elections Enforcement
Anthony J Guardi	ani	01/08/2018
TREASURER SIGNATUR	E	DATE (mm/dd/yyyy)
candidate to serve and accept that, in automatically become that I am an elected disclosure require	as the candidate's designated the event of a vacancy cause ome responsible for discharg or in the State of Connecticut ments as contained in Chapte	lse statement, that I have accepted my appointment by the d deputy treasurer of this candidate committee, and I understanded by the treasurer's death, incapacity or resignation, I shall ing all of the duties required of the vacating treasurer. I certify. I intend to comply with all the campaign finance registration and er 155 through 157 of the General Statutes, and to abide by any sing campaign contributions and expenditures.
I certify that I hav	e paid any civil penalties or f	forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (a under Title 9 of the	A) felony involving fraud, for the General Statues, or that at letion of any sentence, whicher	ed guilty or nolo contendere to, in a court of competent rgery, larceny, embezzlement or bribery, or (B) criminal offense least eight years have elapsed from the date of the conviction or ever date is later, without a subsequent conviction of or plea to
I certify that I am Enforcement Com		rving as a deputy treasurer by order of the State Elections
DEPUTY TREASURER SI	ON LITTLE	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 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 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)				