SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



Page	1	of	4
------	---	----	---

EGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy) 2			2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018			(If applicable)			
3. OFFICE OR POSITION SOUGHT 4. DISTRICT NUMBER						IBER	
State Representative	tate Representative (If applicable) 063						
5. PARTY AFFILIATION							
✓ Republican	Democratic		Other (Speci	ify)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Jay			Μ	Case			
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)		
Street Address				Address			
167 W Wakefield Blvd							
City		State	Zip Code	City		State	Zip Code
Winsted		СТ	06098				
9. CANDIDATE TELEPHON	NE	10. CAN	DIDATE EM	IAIL ADDRESS			
(Include Area Code)							
860 309	4077	jcase9	@hotmail.c	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 <i>together with</i> either Form 1A, "Registration of Candidate Committee," <i>or</i> 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	AME					
✓ Initial Amendment	Jay M Case						
12. COMMITTEE NAME							
Case 2018							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address				Email Address			
PO Box 573				jcase9@hotmail.com			
City		State	Zip Code	Website			
Winsted		CT 06098					
16. TREASURER NAME							
First Name			MI	Last Name Suffix			
Dustin			R	Bingham			
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If differen	t)		
Street Address				Address			
10 Saint Andrews Close							
City		State	Zip Code	City	State	Zip Code	
Torrington		СТ	06790				
19. TREASURER TELEPHON	IE	20. TRF	EASURER EN	MAIL ADDRESS			
(Include Area Code)							
805 708 4345		dustin	b787@gma	il.com			
21. DEPUTY TREASURER NA	AME		-				
First Name			MI	Last Name		Suffix	
22. DEPUTY TREASURER RI	ESIDENCE ADDR	RESS	1	23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
City		State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TH	LEPHONE	25. DEPUTY TREASURER EMAIL ADDRESS					
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS (Include Area Code) (Include Area Code)							
26. DEPOSITORY INSTITUT	ION NAME						
TD Bank							
27. DEPOSITORY INSTITUT	ION ADDRESS						
Address							
215 High Street, Torringto	n, CT 06790						
L				· · · · · ·	··		

SEEC FORM 1A Revised September 2016 Page 3 of 4

REGISTRATION TYPE		CANDIDATE NAME
✓ Initial	Amendment	Jay M Case
28. CERTIFICATION		

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

Jay M Case	01/11/2018
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)

Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 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 treasurer by order of the State Elections Enforcement Commission.

Dustin R Bingham	01/11/2018
TREASURER SIGNATURE	DATE (mm/dd/yyyy)

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 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.

THIS PAGE INTENTIONALLY LEFT BLANK

SEEC FORM 1B STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee Revised September 2016



DECICED ATION TYPE	CANDIDATE NAME					
REGISTRATION TYPE						
Initial Amendment						
12. REASON FOR EXEMP	12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE					
I hereby cer	ify that I am exempt from forming a candidate committee because (CHECK ONE)					
□ A. I am one of a slate of candidates whose campaigns are being funded solely by a town committee or a political committee formed for a single election or primary and expendit the order on the being funded by the committee sponsoring my candidacy. The name of this spinsor is committee is:						
	OR					
 B. I am funding my campaign entirely from my owneer scall funds and will not request or receive contributions from other individuals or committees and I to tersus and if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be recensive for filing financial disclosure statements (SEEC Form 23) according to the same schedule and in the annumative as received of treasurers of candidate committees. 						
C. I do not inte	C. I do not intend to receive expect funds in excess of one thousand dollars (\$1,000).					
	OR					
D. I do the order of expend any funds, including personal funds, for this campaign.						
13. CER						
I here a certify and state, under penalties of false statement, that this statement of exemption from forming a candidate committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.						
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)					