# **SEEC FORM 1**

STATE ELECTIONS ENFORCEMENT COMMISSION

#### **Registration by Candidate**

Revised September 2016



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|------|---|----|---|
|------|---|----|---|

| 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>B.</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

| <b>REGISTRATION TYPE</b>  | CANDIDATE NA  | AME                                |            |   |        |          |  |
|---|---------------|------------------------------------|------------|---|--------|----------|--|
| ✓ Initial Amendment   | Jay M Case    |                                    |            |   |        |          |  |
| <b>12. COMMITTEE NAME</b>   |               |                                    |            |   |        |          |  |
| Case 2018   |               |                                    |            |   |        |          |  |
| <b>13. COMMITTEE ADDRESS</b>  |               |                                    |            | 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      |   |        |          |  |
| <b>19. TREASURER TELEPHON</b>   | <b>IE</b>     | 20. TRF                            | EASURER EN | MAIL ADDRESS  |        |          |  |
| (Include Area Code)   |               |                                    |            |   |        |          |  |
| 805 708 4345  |               | dustin                             | b787@gma   | il.com  |        |          |  |
| <b>21. DEPUTY TREASURER NA</b>  | 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) |               |                                    |            |   |        |          |  |
|   |               |                                    |            |   |        |          |  |
| <b>26. DEPOSITORY INSTITUT</b>  | ION NAME      |                                    |            |   |        |          |  |
| TD Bank   |               |                                    |            |   |        |          |  |
| 27. DEPOSITORY INSTITUT   | ION ADDRESS   |                                    |            |   |        |          |  |
| Address   |               |                                    |            |   |        |          |  |
| 215 High Street, Torringto  | n, CT 06790   |                                    |            |   |        |          |  |
| L   |               |                                    |            | · · · · · ·   | ··     |          |  |

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| <b>REGISTRATION TYPE</b> |           | 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.

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#### **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   |  |  |  |  |  |
| <ul> <li>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.</li> </ul> |  |  |  |  |  |  |
| C. I do not inte   | <b>C.</b> I do not intend to receive expect funds in excess of one thousand dollars (\$1,000). |  |  |  |  |  |
|  | OR   |  |  |  |  |  |
| <b>D.</b> 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)  |  |  |  |  |  |