SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



]	
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018			(If applicable)				
3. OFFICE OR POSITION S	OUGHT		4. DISTRICT NUMBER					
State Representative					(If applicable	2)		
5. PARTY AFFILIATION								
✓ Republican Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Gregory			Т	Stokes			Sr	
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
10 Steele Rd								
City		State	Zip Code	City		State	Zip Code	
Enfield		СТ	06082					
9. CANDIDATE TELEPHON	NE .	10. CAN	DIDATE EM	DATE EMAIL ADDRESS				
(Include Area Code)								
860 741	7349	gtstokessr@aol.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



REGISTRATION TYPE CANDIDATE NA	CANDIDATE NAME					
✓ Initial I Amendment Gregory T Stok	Gregory T Stokes Sr					
12. COMMITTEE NAME						
Re-Elect Greg Stokes, 58th						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address			Email Address			
7 Meadow Rd			gtstokessr@aol.com			
City	State	Zip Code 06082	Website			
Enfield CT		00002				
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Scott		R.	Kaupin			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
9 Allen St						
City	State	Zip Code	City	State	Zip Code	
Enfield	СТ	06082				
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS			
	(Include Area Code)					
860 749 1820 scottkaupin@cox.r			net			
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	(555	,	
City	State	Zip Code	City	State	Zip Code	
AA DEDUTA THE ACURED TELEBUONE	A5 DED	LIEW TODE A CI	LIDED EMAIL ADDRESS			
24. DEPUTY TREASURER TELEPHONE 25. DEPU		UIY IKEAS	URER EMAIL ADDRESS			
26. DEPOSITORY INSTITUTION NAME						
United Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address 855 Enfield Street, Enfield, CT 06082						

DEPUTY TREASURER SIGNATURE

Revised Sep	Revised September 2016					
REGISTRA	TION TYPE	CANDIDATE NAME				
Initial	Amendment	Gregory T Stokes Sr				
28. CERTIF	28. CERTIFICATION					
comn this s or dej	nittee registration tatement includ	ate, under penalties of false statement, that all of the designations set forth in this candidate in statement are true and accurate to the best of my knowledge and belief, and further, that is my certification to the fact that any individual designated herein to serve as my treasurer we indicated to me their acceptance of my appointment of them to those positions. O1/15/2018 DATE (mm/dd/yyyy)				
I certification in the candinate of the care of the care of the canoth c	date to serve as or in the State of the State of the State of the serve as contactions or restrict of that I have put that I have noticition, any (A). Title 9 of the Cor the completion of the such felony of the such felony of the server as	ate, under penalties of false statement, that I have accepted my appointment by the he candidate's designated treasurer of this candidate committee. I certify that I am an Connecticut. I intend to comply with all the campaign finance registration and disclosure ined in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ons concerning campaign contributions and expenditures. id any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. It been convicted of or pled guilty or nolo contendere to, in a court of competent telony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense eneral Statues, or that at least eight years have elapsed from the date of the conviction or of any sentence, whichever date is later, without a subsequent conviction of or plea to offense.				
Comr	mission.					
Scott R. Kaupin		01/15/2018				
TREAS	URER SIGNATURE	DATE (mm/dd/yyyy)				
candi and a auton that I disclo	by certify and s date to serve as ecept that, in the natically becom am an elector in soure requireme	ate, under penalties of false statement, that I have accepted my appointment by the he candidate's designated deputy treasurer of this candidate committee, and I understand event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall 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 ts as contained in Chapter 155 through 157 of the General Statutes, and to abide by any ns 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.						
jurisd under plea c	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.					
	ify that I am not cement Commi	otherwise barred from serving as a deputy treasurer by order of the State Elections sion.				

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 solely was town 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 spaces countries:						
		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 reconstructed for filing francial 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)				