SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016

REGISTRATION TYPE



1. ELECTION DATE (mi

ISSION		Pa
n/dd/yyyy)	2. MUNICIPALITY	
	(If applicable)	

				(If applicable)			
✓ Initial Amendment	Nov 2018						
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
					(If applicable)		
State Senator					031		
5. PARTY AFFILIATION							
✓ Republican Democratic			Other (Specia	6) 			
6. CANDIDATE NAME							
First Name			MI	Last Name Suffix			Suffix
Henri			R	Martin			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS	(If different)		
Street Address				Address			
7 Ipswitch Rd							
City	Sta		Zip Code	City		State	Zip Code
Bristol	C	СТ	06010				
9. CANDIDATE TELEPHONE 10. CAN		0. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
860 582	7373	Henri@HenriMartinRE.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 NAME					
✓ Initial I Amendment Henri R	Henri R Martin				
12. COMMITTEE NAME					
Re-elect Senator Henri Martin	Re-elect Senator Henri Martin				
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & V	VEBSITE			
Address			Email Address		
110 Rosewood Dr		_	morgannettemurphy@gmail.com		
City	State	Zip Code 06010	Website		
Bristol CT					
16. TREASURER NAME					
First Name		MI	Last Name		Suffix
Morgan		Α	Murphy		
17. TREASURER RESIDENCE ADDRE	CSS		18. TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
110 Rosewood Dr					
City	State	Zip Code	City	State	Zip Code
Bristol CT		06010			
19. TREASURER TELEPHONE 20. TREASURER E			MAIL ADDRESS		
(Include Area Code)					
860 690 0947 morgannett			phy@gmail.com		
21. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
Kirsten		L	Girouard		
	22. DEPUTY TREASURER RESIDENCE ADDRESS 23. DEPUTY TREASURER MAILING ADDRESS (If different)				at)
Street Address			Address		
6 Winding Brook Rd					_
City	State	Zip Code 06010	City	State	Zip Code
Bristol	СТ	00010			
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASUR			SURER EMAIL ADDRESS		
(Include Area Code)					
860 798 1902	60 798 1902 Kirsten@HenriMartinRE.com				
26. DEPOSITORY INSTITUTION NAM	IE				
Farmington Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address					
475 Broad Street, Bristol, CT 06010					

Revised September 2016					
REGISTRA	ATION TYPE	CANDIDATE NAME			
✓ Initial	Amendment	Henri R Martin			
28. CERTIF	TICATION				
comi this s	nittee registration statement includ	on statement are true and accurate to the es my certification to the fact that any i	that all of the designations set forth in this candidate best of my knowledge and belief, and further, that individual designated herein to serve as my treasurer my appointment of them to those positions.		
Her	nri R Martin		01/18/2018		
CANE	DIDATE SIGNATURE		DATE (mm/dd/yyyy)		
candi electronic limits I cert I cert juriso unde	idate to serve as or in the State or rements as contrations or restrict tify that I have putify that I have nuliction, any (A) or Title 9 of the C	the candidate's designated treasurer of f Connecticut. I intend to comply with ained in Chapter 155 through 157 of the cions concerning campaign contribution aid any civil penalties or forfeitures asset to been convicted of or pled guilty or n felony involving fraud, forgery, larceny General Statues, or that at least eight year	sessed pursuant to Chapters 155 to 157, inclusive. olo contendere to, in a court of competent y, embezzlement or bribery, or (B) criminal offense ars have elapsed from the date of the conviction or		
anoth I cert Com	ner such felony of that I am no mission.	or offense.	ter, without a subsequent conviction of or plea to asurer by order of the State Elections Enforcement		
Morgan A Murphy			01/18/2018		
TREA	SURER SIGNATURE		DATE (mm/dd/yyyy)		
cand and a autor that I discle prohi	eby certify and sidate to serve as accept that, in the matically become am an elector in the course requirement in the cou	the candidate's designated deputy treas e event of a vacancy caused by the treas e responsible for discharging all of the n the State of Connecticut. I intend to c nts as contained in Chapter 155 through ons or restrictions concerning campaign	that I have accepted my appointment by the surer of this candidate committee, and I understand surer's death, incapacity or resignation, I shall duties required of the vacating treasurer. I certify comply with all the campaign finance registration and in 157 of the General Statutes, and to abide by any in contributions and expenditures.		
juriso unde plea	diction, any (A) r Title 9 of the (felony involving fraud, forgery, larceny General Statues, or that at least eight year on of any sentence, whichever date is lar	olo contendere to, in a court of competent y, embezzlement or bribery, or (B) criminal offense ars have elapsed from the date of the conviction or ter, without a subsequent conviction of or plea to		

Kirsten L Girouard DEPUTY TREASURER SIGNATURE

DATE (mm/dd/yyyy)

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

01/18/2018



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	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 political committee sponsoring my candidacy. The name of this spaces committee is:					
		OR				
con thou	tributions from cusand dollars (\$	ny campaign entirely from my own erstand funds and will not request or receive other individuals or committees and I to derstand at if I make expenditures exceeding one 1,000) that I shall be reconstant for filing francial disclosure statements (SEEC Form 23) me schedule and in the tank manner as record of treasurers of candidate committees. OR				
C.	I do not intend	to receive experience 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 se, for the reason checked above, is true, accurate and complete to the best of my ef.				
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)				