### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

#### **Registration by Candidate**

Revised September 2016



REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)		עעע)	2. MUNICIPALITY				
✓ Initial   Amendment	Nov 2018			(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
State Representative					(If applicable	?)		
5. PARTY AFFILIATION								
Republican Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Christopher				Rosario				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
195 French St								
City	S	state	Zip Code	City		State	Zip Code	
Bridgeport	(	СТ	06606					
9. CANDIDATE TELEPHONE 10. CANDIDATE E			DIDATE EN	MAIL ADDRESS				
(Include Area Code)								
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE								
(Check one)								
✓ A. I am forming a candidate committee and I am required to file a Candidate Committee								

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 N.	AME					
✓ Initial I Amendment Christopher Rosario						
12. COMMITTEE NAME						
Rosario 2018						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address			Email Address			
955 Main St # 507		_				
City	State Zip Code O6604		Website			
Bridgeport						
16. TREASURER NAME						
First Name	MI		Last Name		Suffix	
Erin			McDonough			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
955 Main St # 507						
City	State	Zip Code	City	State	Zip Code	
Bridgeport	СТ	06604				
TREASURER TELEPHONE 20. TREASURER EN			MAIL ADDRESS			
(Include Area Code)			nom.			
erin.in.ct@gmail.com						
21. DEPUTY TREASURER NAME First Name		MI	Last Name		Suffix	
First Name Mil						
22. DEPUTY TREASURER RESIDENCE ADDRESS		23. DEPUTY TREASURER MAILING ADDRESS (If different)				
Street Address			Address			
City	State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE	25. DEPUTY TREASURER EMAIL ADDRESS					
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
People's United Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
850 Main Street, Bridgeport, CT 06604						
			•	•		

**Initial   Amendment   Christopher Rosario  **B. CERTIFICATION  **Indidate**  I hereby certify and state, under penalties of false statement, that all of the designation committee registration statement are true and accurate to the best of my knowledge are this statement includes my certification to the fact that any individual designated here or deputy treasurer have indicated to me their acceptance of my appointment of them    Christopher Rosario   O1/19/2018     CANDIDATE SIGNATURE   DATE (mm/dd/yyy)    Treasurer   I hereby certify and state, under penalties of false statement, that I have accepted my a candidate to serve as the candidate's designated treasurer of this candidate committee elector in the State of Connecticut. I intend to comply with all the campaign finance requirements as contained in Chapter 155 through 157 of the General Statutes, and to limitations or restrictions concerning campaign contributions and expenditures.  I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapter I certify that I have not been convicted of or pled guilty or nolo contendere to, in a conjurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or briber under Title 9 of the General Statues, or that at least eight years have elapsed from the plea or the completion of any sentence, whichever date is later, without a subsequent another such felony or offense.  I certify that I am not otherwise barred from serving as a treasurer by order of the Stat Commission.	
I hereby certify and state, under penalties of false statement, that all of the designation committee registration statement are true and accurate to the best of my knowledge are this statement includes my certification to the fact that any individual designated here or deputy treasurer have indicated to me their acceptance of my appointment of them  Christopher Rosario  CANDIDATE SIGNATURE  O1/19/2018  DATE (mm/dd/yyyy)  Treasurer  I hereby certify and state, under penalties of false statement, that I have accepted my accandidate to serve as the candidate's designated treasurer of this candidate committee elector in the State of Connecticut. I intend to comply with all the campaign finance requirements as contained in Chapter 155 through 157 of the General Statutes, and to limitations or restrictions concerning campaign contributions and expenditures.  I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapter I certify that I have not been convicted of or pled guilty or nolo contendere to, in a conjurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or briber under Title 9 of the General Statues, or that at least eight years have elapsed from the plea or the completion of any sentence, whichever date is later, without a subsequent another such felony or offense.  I certify that I am not otherwise barred from serving as a treasurer by order of the State of	
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I hereby certify and state, under penalties of false statement, that I have accepted my a candidate to serve as the candidate's designated treasurer of this candidate committee elector in the State of Connecticut. I intend to comply with all the campaign finance requirements as contained in Chapter 155 through 157 of the General Statutes, and to limitations or restrictions concerning campaign contributions and expenditures.  I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapter I certify that I have not been convicted of or pled guilty or nolo contendere to, in a conjurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or briber under Title 9 of the General Statues, or that at least eight years have elapsed from the plea or the completion of any sentence, whichever date is later, without a subsequent of another such felony or offense.  I certify that I am not otherwise barred from serving as a treasurer by order of the States.	
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	I certify that I am an registration and disclosure abide by any prohibitions, as 155 to 157, inclusive.  Left of competent y, or (B) criminal offense date of the conviction or
	e Elections Enforcement
Erin McDonough 01/15/2018	
TREASURER SIGNATURE DATE (mm/dd/yyyy	7)
I hereby certify and state, under penalties of false statement, that I have accepted my a candidate to serve as the candidate's designated deputy treasurer of this candidate con and accept that, in the event of a vacancy caused by the treasurer's death, incapacity of automatically become responsible for discharging all of the duties required of the vacathat I am an elector in the State of Connecticut. I intend to comply with all the campa disclosure requirements as contained in Chapter 155 through 157 of the General Statu prohibitions, limitations or restrictions concerning campaign contributions and expend	nmittee, and I understand or resignation, I shall ating treasurer. I certify ign finance registration and tes, and to abide by any
I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapter	rs 155 to 157, inclusive.
I certify that I have not been convicted of or pled guilty or nolo contendere to, in a conjurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or briber under Title 9 of the General Statues, or that at least eight years have elapsed from the plea or the completion of any sentence, whichever date is later, without a subsequent another such felony or offense.	y, or (B) criminal offense date of the conviction or
I certify that I am not otherwise barred from serving as a deputy treasurer by order of Enforcement Commission.	the State Elections
DEPUTY TREASURER SIGNATURE 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)
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 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)