SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	SEME	NA COMM.						
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018			(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
State Representative					(If applicable) 104			
5. PARTY AFFILIATION								
✓ Republican Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Joseph			Jaumann					
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address					
183 Wakelee Ave								
City		State	Zip Code	City		State	Zip Code	
Ansonia		СТ	06401					
9. CANDIDATE TELEPHONE 10. 0			10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)								

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

5668

231

(Check one)

203

✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

joseph.jaumann@gmail.com

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.

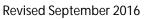
See Section 9-623(b), Connecticut General Statutes.

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





REGISTRATION TYPE CANDIDATE NAME						
✓ Initial I Amendment Joseph A Jaun	nitial I Amendment Joseph A Jaumann					
12. COMMITTEE NAME						
Jaumann 2018						
13. COMMITTEE ADDRESS	13. COMMITTEE ADDRESS 4. 4. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address			Email Address			
183 Wakelee Ave		joseph.jaumann@gmail.com				
City	State	Zip Code	Website			
Ansonia	СТ	06401	www.jaumann2018.com			
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Crystal		Α	White			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
181 Wakelee Ave						
City	State	Zip Code	City	State	Zip Code	
Ansonia	СТ	06401				
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS			
### Include Area Code) 203 906 0532						
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			
City	State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER			URER EMAIL ADDRESS	1		
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
Webster Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
3546 Main Street, Bridgeport CT 06606						
			<u> </u>			

REGISTRAT	TION TYPE	CANDIDATE NAME	
Initial	Amendment	Joseph A Jaumann	
28. CERTIFIC	CATION		
committhis sta	ttee registration tement include	on statement are true and acc es my certification to the fac	e statement, that all of the designations set forth in this candidate urate to the best of my knowledge and belief, and further, that t that any individual designated herein to serve as my treasurer septance of my appointment of them to those positions.
Josep	oh A Jaumann		02/05/2018
CANDID	ATE SIGNATURE		DATE (mm/dd/yyyy)
I certify jurisdiction of anothe	in the State of the completion	f Connecticut. I intend to co ained in Chapter 155 through ions concerning campaign co aid any civil penalties or for ot been convicted of or pled felony involving fraud, forge General Statues, or that at lea on of any sentence, whicheve or offense.	reasurer of this candidate committee. I certify that I am an imply with all the campaign finance registration and disclosure in 157 of the General Statutes, and to abide by any prohibitions, contributions and expenditures. feitures assessed pursuant to Chapters 155 to 157, inclusive. guilty or nolo contendere to, in a court of competent ery, larceny, embezzlement or bribery, or (B) criminal offense is eight years have elapsed from the date of the conviction or or date is later, without a subsequent conviction of or plea to
Comm	ission.	t otherwise barred from servi	ing as a treasurer by order of the State Elections Enforcement
	al A White		02/05/2018
TREASU	RER SIGNATURE		DATE (mm/dd/yyyy)
candid and acc automa that I a disclos	ate to serve as cept that, in thatically become m an elector i ure requireme	the candidate's designated de e event of a vacancy caused e responsible for discharging in the State of Connecticut. I nts as contained in Chapter 1	statement, that I have accepted my appointment by the leputy treasurer of this candidate committee, and I understand by the treasurer's death, incapacity or resignation, I shall gall of the duties required of the vacating treasurer. I certify intend to comply with all the campaign finance registration and 155 through 157 of the General Statutes, and to abide by any g campaign contributions and expenditures.
I certif	y that I have p	aid any civil penalties or for	feitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdio under ' plea or	ction, any (A) Fitle 9 of the (felony involving fraud, forgo General Statues, or that at lea on of any sentence, whicheve	guilty or nolo contendere to, in a court of competent ery, larceny, embezzlement or bribery, or (B) criminal offense st eight years have elapsed from the date of the conviction or er date is later, without a subsequent conviction of or plea to
	y that I am no ement Comm		ing as a deputy treasurer by order of the State Elections
DEPUTY	TREASURER SIGNA	TURE	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	12. REASON FOR EXEMPTION 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 tow 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 committee 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)				