### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

#### Registration by Candidate

Revised September 2016



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REGISTRATION TYPE 1. ELECTI	ON DATE (mm/dd/yy	(עעע	2. MUNICIPALITY				
4 Initial   Amondment			(If applicable)				
✓ Initial   Amendment   Nov 2018	8						
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER			
		(If applicable)					
State Representative		122					
5. PARTY AFFILIATION							
✓ Republican Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name		MI	Last Name			Suffix	
Ben			McGorty				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address				
30 Wigwam Dr	30 Wigwam Dr						
City		Zip Code	City		State	Zip Code	
Shelton	СТ	06484					
9. CANDIDATE TELEPHONE 10. CANDID			IAIL ADDRESS				
(Include Area Code)							
203 926 1638	repmco	repmcgorty@gmail.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 Ben McGorty	Amendment Ben McGorty				
12. COMMITTEE NAME					
McGorty 2018					
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address			Email Address		
30 Wigwam Dr			repmcgorty@gmail.com		
City State Zip Code 06484			Website		
Shelton CT CT					
16. TREASURER NAME					
First Name		MI	Last Name S		Suffix
Chris			Wilson		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
29 Basking Ridge Rd					
City	State	Zip Code	City	State	Zip Code
Shelton	elton CT 06484				
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS		
(Include Area Code)					
203 414 8026 chrswlsn@icloud.c			com		
21. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
Anne			Gaydos		
			23. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
24 Ann Ave					
City	State	Zip Code	City	State	Zip Code
Shelton	CT 06484				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS		
(Include Area Code)					
203 513 2752	annegaydos@gmail.com				
26. DEPOSITORY INSTITUTION NAME					
Webster Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address	·				
502 Howe Avenue, Shelton, CT 06484					

SEEC FORM 1A Revised September 2016

Anne Gaydos

DEPUTY TREASURER SIGNATURE

Revised Sep	otember 2016				
REGISTRA	ATION TYPE	CANDIDATE NAME			
Initial	Amendment	Ben McGorty			
28. CERTII	FICATION				
I hereby certify and state, under penalties of false statement, that all of the designations set forth in this can committee registration statement are true and accurate to the best of my knowledge and belief, and further, this statement includes my certification to the fact that any individual designated herein to serve as my trea or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.  Ben McGorty  O2/06/2018  DATE (mm/dd/yyyy)					
Treasurer					
I herecand elect requilimits  I cert jurise unde plea anotherecand	idate to serve as or in the State or in the State or irements as contrations or restrict tify that I have putify that I have number and ideas of the Gorthe completion of the completion of the such felony of the such felony of the such felony of the completion of the such felony				
	tity that I am no mission.	t otherwise barred from serving as a treasurer by order of the State Elections Enforcement			
Chris Wilson 02/06/2018		02/06/2018			
TREA	SURER SIGNATURE	DATE (mm/dd/yyyy)			
I here cand and a autor that I discl proh.  I cert jurise unde plea anoth	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				
	tify that I am no				

02/06/2018

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)					
poli	A. I am one of a slate of candidates whose campaigns are being funded solely v a tow 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 space of committees 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.	C. I do not intend to receive xpc funds m excess of one thousand dollars (\$1,000).					
□ 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)				