SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	ORCEMEN	TOLLY SUSTINE							<u> </u>
REGISTRATION TYPE	1. ELECTION DAT	Γ E (mm/dd/y	(איציי)	2. MU	JNICIPALITY	•			
Initial	Nov 2018			(If appl	(If applicable)				
OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER				
							(If applicable	2)	
State Representative					104				
. PARTY AFFILIATION									
Republican • Democratic Other (Specify)									
. CANDIDATE NAME									
irst Name			MI	Last Na	ame				Suffix
Kara			Roc	Rochelle					
. CANDIDATE RESIDENCE	E ADDRESS			8. CA	ANDIDATE MA	AILING ADDRESS	(If different)		
treet Address				Addres	SS				
40 Bassett St # 2									
ity		State	Zip Code 06401	City				State	Zip Code

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

2821

(Check one)

(Include Area Code)

203

Ansonia

9. CANDIDATE TELEPHONE

906

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

kararochelle@gmail.com

10. CANDIDATE EMAIL ADDRESS

Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.

CT

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.

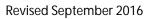
See Section 9-623(b), Connecticut General Statutes.

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 NA	ATION TYPE CANDIDATE NAME					
Initial I Amendment Kara E Rochel	Kara E Rochelle					
12. COMMITTEE NAME						
Kara for Ansonia & Derby						
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address		Email Address				
40 Bassett St # 2	_	karaforct@gmail.com				
City	State	Zip Code 06401	Website			
Ansonia	CT					
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Jason		L	Jones			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address		Address				
384 Howe Ave						
City	State	Zip Code	City	State	Zip Code	
Shelton	CT 06484					
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS			
(Include Area Code)						
203 385 2178 jasonljones0@g			ail.com			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Eric			Gallant			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
Street Address	Address					
78 Olive St # 506						
City	State	Zip Code 06511	City	State	Zip Code	
New Haven	CT	00011				
			URER EMAIL ADDRESS			
(Include Area Code)						
203 228 8245	gallanteric@gmail.com					
26. DEPOSITORY INSTITUTION NAME						
Ion Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
75 Tremont Street, Ansonia CT 06401						

SEEC FORM 1A

Eric Gallant

DEPUTY TREASURER SIGNATURE

REGISTRATION TYPE		
	CANDIDATE NAME	
Initial 🗸 Amendment	Kara E Rochelle	
28. CERTIFICATION		
committee registratio this statement include	state, under penalties of false statement, that all of the designations set forth in this cand on statement are true and accurate to the best of my knowledge and belief, and further, the des my certification to the fact that any individual designated herein to serve as my treasurable indicated to me their acceptance of my appointment of them to those positions.	nat
Kara E Rochelle	04/08/2019	
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)	
candidate to serve as elector in the State of requirements as conta limitations or restricting I certify that I have particularly that I have not jurisdiction, any (A) if under Title 9 of the Graplea or the completion another such felony of		ons,se or
Commission.	ot otherwise barred from serving as a treasurer by order of the State Elections Enforceme	nt
Jason L Jones	04/08/2019	
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.

04/08/2019

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 because (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 reconsitive for filing financial 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)			