### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



	EME	WT 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) 084			
5. PARTY AFFILIATION							
Republican V Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Hilda			E	Santiago			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address				
86 South Ave			PO Box 1811				
City		State	Zip Code	City		State	Zip Code
Meriden		СТ	06451	Meriden		СТ	06451
9. CANDIDATE TELEPHONE		10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							

### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

7447

886

#### (Check one)

203

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

hildaesantiago@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**

Revised September 2016



REGISTRATION TYPE CANDIDATE	NAME					
✓ Initial I Amendment Hilda E Sant	Hilda E Santiago					
12. COMMITTEE NAME						
Santiago for State Representative	Santiago for State Representative					
13. COMMITTEE ADDRESS 4 WEBSIT				EBSITE		
Address			Email Address			
86 South Ave			hildaesantiago@gmail.com			
City State		Zip Code 06451	Website			
Meriden	СТ					
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Rowena		Α	McGoldrick			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
91 Harvard Ave						
City	State	Zip Code	City	State	Zip Code	
Meriden	СТ	06451				
19. TREASURER TELEPHONE 20. TREASURER EM			MAIL ADDRESS			
	(Include Area Code)					
203 668 4478 rmcgoldrick@			net			
21. DEPUTY TREASURER NAME		l a g	Ir ar		I a err	
First Name		MI	Last Name		Suffix	
A. Miguel			Castro			
22. DEPUTY TREASURER RESIDENCE ADDRESS  Street Address			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
	Address					
51 Bradley Ave	1-	T		La	I a . a . i	
City	State	Zip Code 06450	City	State	Zip Code	
Meriden	СТ	00.00				
			SURER EMAIL ADDRESS			
(Include Area Code)						
203 886 9183 miguel@prestige-constructions.com						
26. DEPOSITORY INSTITUTION NAME						
People's United Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
485 Broad Street, Meriden, CT 06450						

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REGISTRA	TION TYPE	CANDIDATE NAME	
✔ Initial	Amendment	Hilda E Santiago	
28. CERTIF	ICATION		
comn this s	nittee registration tatement includ	state, under penalties of false statement, that all of the designations set forth in on statement are true and accurate to the best of my knowledge and belief, and des my certification to the fact that any individual designated herein to serve as have indicated to me their acceptance of my appointment of them to those positions.	further, that my treasurer
Hild	a E Santiago	02/07/2018	
CAND	IDATE SIGNATURE	DATE (mm/dd/yyyy)	
I certi I certi Jurisd under plea c	rements as contactions or restrictions or restrictions for the restriction and the restriction, and the completic for the completic for the completic for the such felony of the completions.		ent entainal offense onviction or for plea to
	ify that I am no nission.	ot otherwise barred from serving as a treasurer by order of the State Elections E	nforcement
Row	ena A McGoldri	ick 02/05/2018	
TREAS	SURER SIGNATURE	DATE (mm/dd/yyyy)	
candi	by certify and s date to serve as	state, under penalties of false statement, that I have accepted my appointment be the candidate's designated deputy treasurer of this candidate committee, and I have event of a vacancy caused by the treasurer's death, incapacity or resignation	understand

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 Enforcement Commission.

A. Miguel Castro	02/05/2018
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/yyyyy)



# **SEEC FORM 1B**

## STATE ELECTIONS ENFORCEMENT COMMISSION **Certification of Exemption From Forming**





REGISTR	ATION TYPE	CANDIDATE NAME			
☐ Initial	☐ Amendment				
12. REASO	ON 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)			