SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



| REGISTRATION TYPE | 1. ELECTION DATE (mm/dd/yyyy) | | יעעע) | 2. MUNICIPALITY | | | |
|---|-------------------------------|-----------------------------|-----------|---|--------------------|-------|----------|
| * 50 4 41 4 4 4 | | | | (If applicable) | | | |
| Initial | Nov 2018 | Nov 2018 | | | | | |
| 3. OFFICE OR POSITION SOUGHT | | | | | 4. DISTRICT NUMBER | | |
| | | | | | (If applicable) | | |
| State Representative | | | | 024 | | | |
| 5. PARTY AFFILIATION | | | | | | | |
| Republican Democratic Other (Specify) | | | | | | | |
| Republican V Democratic Other (Specify) | | | | | | | |
| 6. CANDIDATE NAME | | | | | | | |
| First Name | | | MI | Last Name | | | Suffix |
| Rick | | | | Lopes | | | |
| 7. CANDIDATE RESIDENCE ADDRESS | | | | 8. CANDIDATE MAILING ADDRESS (If different) | | | |
| Street Address | | | Address | | | | |
| 208 S Mountain Dr | | | | | | | |
| City | | State | Zip Code | City | | State | Zip Code |
| New Britain | | СТ | 06052 | | | | |
| 9. CANDIDATE TELEPHONE | | 10. CANDIDATE EMAIL ADDRESS | | | | | |
| (Include Area Code) | | | | | | | |
| 860 978 | 1444 | ricklop | es183@yal | hoo.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



| First Name Daniel MI Last Name Baum 22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address 44 Pierson Dr City Wallingford State CT State O6492 CT City Under Address 44 DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS (Include Area Code) 203 640 8294 MI Last Name Baum Suffix Suffix Suffix Suffix Suffix Suffix Fig. Code City City O6492 City O6492 CT Address State City O6492 CT Address State City O6492 CT State City O6492 CT Address State City O6492 CT State City O6492 CT Address State City O6492 CT State City O6492 CT Address State City O6492 CT State City O6492 CT Address State City O6492 CT State City Office City Offi | REGISTRATION TYPE CANDIDATE NA | EGISTRATION TYPE CANDIDATE NAME | | | | |
|--|---|---------------------------------|-----------|--|-----------------------|----------|
| 14. & 15. COMMITTEE ADDRESS 14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE | Initial I Amendment Rick Lopes | Rick Lopes | | | | |
| 14. COMMITTEE ADDRESS | 12. COMMITTEE NAME | 12. COMMITTEE NAME | | | | |
| Email Address Email Addres | Lopes for 24th | | | | | |
| State Cry | 13. COMMITTEE ADDRESS | | | 14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE | | |
| New Britain | | | | Email Address | | |
| New Britain | | | | | | |
| New Britain | | | | Website | | |
| MI | New Britain CT | | 00000 | | | |
| Bedoby Berriault Berriau | 16. TREASURER NAME | | | | | |
| 17. TREASURER RESIDENCE ADDRESS 18. TREASURER MAILING ADDRESS (if different) | First Name | | MI | Last Name Suffix | | |
| 195 Hartford Rd | Bobby | | | Berriault | | |
| 195 Hartford Rd City | | | | 18. TREASURER MAILING ADDRESS (If different) | | |
| State Zip Code O6053 | Street Address | | | Address | | |
| New Britain CT 06053 Interasurer telephone 20. Treasurer email address (Include Area Code) 860 817 4635 Robert.Berriault@outlook.com 21. DEPUTY TREASURER NAME First Name MI Last Name Suffix Daniel 22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address 44 Pierson Dr City O6492 City State Zip Code Q6492 Address 25. DEPUTY TREASURER EMAIL A | 195 Hartford Rd | | | | | |
| New Britain | City | _ | | City | State | Zip Code |
| Robert.Berriault@outlook.com | New Britain CT | | 06053 | | | |
| Robert.Berriault@outlook.com | | 20. TRE | ASURER EM | IAIL ADDRESS | | |
| 21. DEPUTY TREASURER NAME First Name Daniel 22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address 44 Pierson Dr City Wallingford CT Valingford 25. DEPUTY TREASURER EMAIL ADDRESS (Include Area Code) 203 640 8294 26. DEPOSITORY INSTITUTION NAME Webster Bank 27. DEPOSITORY INSTITUTION ADDRESS Address MI Last Name Baum Suffix Stuff City City City O6492 | | | | | | |
| First Name Daniel MI Last Name Baum 22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address 44 Pierson Dr City Wallingford CT | 860 817 4635 Robert.Berriault@ | | | outlook.com | | |
| Daniel Baum 22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address 44 Pierson Dr City State Zip Code O6492 CT O6492 CT O6492 24. DEPUTY TREASURER TELEPHONE OTT TREASURER EMAIL ADDRESS (Include Area Code) 203 640 8294 25. DEPUTY TREASURER EMAIL ADDRESS dtbaum13@gmail.com 26. DEPOSITORY INSTITUTION NAME Webster Bank 27. DEPOSITORY INSTITUTION ADDRESS Address | 21. DEPUTY TREASURER NAME | | | | | |
| 22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address 44 Pierson Dr City Wallingford CT 25. DEPUTY TREASURER MAILING ADDRESS (If different) Address Address Address State Zip Code O6492 CT | | | MI | | | Suffix |
| Address | Daniel | | | Baum | | |
| A44 Pierson Dr State Zip Code City State Zip Code O6492 CT O6492 | | | | | ${f S}$ (If different |) |
| City Wallingford CT Zip Code O6492 City O6492 City O6492 24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS (Include Area Code) | | Street Address Address | | | | |
| Wallingford CT 06492 24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS (Include Area Code) 203 640 8294 dtbaum13@gmail.com 26. DEPOSITORY INSTITUTION NAME Webster Bank 27. DEPOSITORY INSTITUTION ADDRESS Address | 44 Pierson Dr | | | | | |
| Wallingford CT 24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS (Include Area Code) 203 640 8294 dtbaum13@gmail.com 26. DEPOSITORY INSTITUTION NAME Webster Bank 27. DEPOSITORY INSTITUTION ADDRESS Address | City | | | City | State | Zip Code |
| (Include Area Code) 203 640 8294 dtbaum13@gmail.com 26. DEPOSITORY INSTITUTION NAME Webster Bank 27. DEPOSITORY INSTITUTION ADDRESS Address | Wallingford | CT | 00432 | | | |
| 203 640 8294 dtbaum13@gmail.com 26. DEPOSITORY INSTITUTION NAME Webster Bank 27. DEPOSITORY INSTITUTION ADDRESS Address | 24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS | | | | | |
| 26. DEPOSITORY INSTITUTION NAME Webster Bank 27. DEPOSITORY INSTITUTION ADDRESS Address | (Include Area Code) | 141 | 400 " | | | |
| Webster Bank 27. DEPOSITORY INSTITUTION ADDRESS Address | 203 640 8294 | 8294 dtbaum13@gmail.com | | | | |
| 27. DEPOSITORY INSTITUTION ADDRESS Address | 26. DEPOSITORY INSTITUTION NAME | | | | | |
| Address | Webster Bank | | | | | |
| | 27. DEPOSITORY INSTITUTION ADDRESS | | | | | |
| 655 West Main Street, New Britain, CT 06053 | | | | | | |
| | | | | | | |

SEEC FORM 1A Revised September 2016

DEPUTY TREASURER SIGNATURE

| Revised September 2016 | | |
|---|--|--|
| REGISTRATION TYPE | CANDIDATE NAME | |
| Initial | Rick Lopes | |
| 28. CERTIFICATION | | |
| committee registration this statement include | on statement are true and accurates my certification to the fact the | attement, that all of the designations set forth in this candidate te to the best of my knowledge and belief, and further, that at any individual designated herein to serve as my treasurer ance of my appointment of them to those positions. 03/01/2018 |
| CANDIDATE SIGNATURE | | DATE (mm/dd/yyyy) |
| candidate to serve as elector in the State o requirements as cont limitations or restrict | the candidate's designated treas f Connecticut. I intend to complained in Chapter 155 through 15 ions concerning campaign contr | stement, that I have accepted my appointment by the surer of this candidate committee. I certify that I am an ly with all the campaign finance registration and disclosure 57 of the General Statutes, and to abide by any prohibitions, ributions and expenditures. ures assessed pursuant to Chapters 155 to 157, inclusive. |
| I certify that I have n jurisdiction, any (A) under Title 9 of the (plea or the completic another such felony of | not been convicted of or pled gui felony involving fraud, forgery, General Statues, or that at least e on of any sentence, whichever da or offense. | ilty or nolo contendere to, in a court of competent larceny, embezzlement or bribery, or (B) criminal offense eight years have elapsed from the date of the conviction or late is later, without a subsequent conviction of or plea to as a treasurer by order of the State Elections Enforcement |
| Bobby Berriault | | 03/01/2018 |
| TREASURER SIGNATURE | | DATE (mm/dd/yyyy) |
| candidate to serve as and accept that, in th automatically become that I am an elector is disclosure requirement prohibitions, limitation I certify that I have provided the serve as an acceptance of the serve as a serve | the candidate's designated depute event of a vacancy caused by the responsible for discharging all in the State of Connecticut. I intents as contained in Chapter 155 cons or restrictions concerning calculated any civil penalties or forfeith | attement, that I have accepted my appointment by the cuty treasurer of this candidate committee, and I understand the treasurer's death, incapacity or resignation, I shall I of the duties required of the vacating treasurer. I certify tend to comply with all the campaign finance registration and through 157 of the General Statutes, and to abide by any ampaign contributions and expenditures. The state of the complete to the compact of the competent of the compet |
| jurisdiction, any (A) under Title 9 of the (plea or the completic another such felony (| felony involving fraud, forgery, General Statues, or that at least e on of any sentence, whichever da or offense. t otherwise barred from serving | as a deputy treasurer by order of the State Elections |
| Daniel Baum | | 03/01/2018 |

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 | 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 | 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 and developed and be reported by the committee sponsoring my candidacy. The name of this space committee is: | | | | | |
| | | OR | | | | |
| con thou | tributions from cusand dollars (\$ | ny campaign entirely from my own erstand funds and will not request or receive other individuals or committees and I to derstand a if I make expenditures exceeding one 1,000) that I shall be reconstant for filing francial disclosure statements (SEEC Form 23) me schedule and in the tank manner as record of treasurers of candidate committees. | | | | |
| C. | I do not intend | to receive experience 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 se, for the reason checked above, is true, accurate and complete to the best of my ef. | | | | |
| CAN | DIDATE SIGNATURE | DATE (mm/dd/yyyy) | | | | |
| | | | | | | |