SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



		VI~CO.					<u> </u>	
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY				
✓ Initial Amendment				(If applicable)				
V Initial Amendment	Nov 2018							
3. OFFICE OR POSITION S	OUGHT			4. DISTRICT NUMBER				
					(If applicable)			
State Representative				053				
5. PARTY AFFILIATION								
✓ Republican Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name		1	MI	Last Name			Suffix	
Samuel				Belsito				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
55 Lee Ln								
City			Zip Code	City	;	State	Zip Code	
Tolland		СТ	06084					
9. CANDIDATE TELEPHONE 10. CANDID				MAIL ADDRESS				
(Include Area Code)								
860 872	4752	tuxking	1@msn.co	om				

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 Amendment	Samuel Belsito						
12. COMMITTEE NAME							
Belsito for State Rep							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address				Email Address			
55 Lee Ln							
City		State Zip Code O6084		Website			
Tolland							
16. TREASURER NAME							
First Name			MI	Last Name Suffix			
Kathleen			D	Jenkins			
17. TREASURER RESIDENCE	ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
63 Ridge Rd							
City		State Zip Code 06235		City	State	Zip Code	
Chaplin							
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS				
(Include Area Code) kathleen.jenkins@yahoo.com							
21. DEPUTY TREASURER NAME	ME		I			1	
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 TREAS			URER EMAIL ADDRESS				
(Include Area Code)							
26. DEPOSITORY INSTITUTION NAME							
Savings Institute							
27. DEPOSITORY INSTITUTION ADDRESS							
Address 579 North Windham Road, North Windham Road, CT 06256							

SEEC FORM 1A Revised September 2016

REGISTRATION TYPE	CANDIDATE NAME	
/ Initial Amendment	Samuel Belsito	
8. CERTIFICATION		
committee registration this statement include	on statement are true and accurate to the be	at all of the designations set forth in this candidate est of my knowledge and belief, and further, that vidual designated herein to serve as my treasurer appointment of them to those positions.
Samuel Belsito		02/03/2018
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State of requirements as contalimitations or restrict. I certify that I have pure I certify that I have not jurisdiction, any (A) under Title 9 of the C	Connecticut. I intend to comply with all ained in Chapter 155 through 157 of the Grions concerning campaign contributions are aid any civil penalties or forfeitures assess of been convicted of or pled guilty or nolo felony involving fraud, forgery, larceny, er General Statues, or that at least eight years in of any sentence, whichever date is later,	s candidate committee. I certify that I am an the campaign finance registration and disclosure eneral Statutes, and to abide by any prohibitions, and expenditures. The description of the committee of the committee of the committee of the campaign finance registration and disclosure eneral Statutes, and to abide by any prohibitions, and expenditures.
Commission.	otherwise barred from serving as a treasur	rer by order of the State Elections Enforcement
Kathleen D Jenkins		02/03/2018
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as and accept that, in the automatically becom that I am an elector in disclosure requireme	e event of a vacancy caused by the treasure e responsible for discharging all of the dut the State of Connecticut. I intend to com	er of this candidate committee, and I understand er's death, incapacity or resignation, I shall ies required of the vacating treasurer. I certify apply with all the campaign finance registration and 57 of the General Statutes, and to abide by any
I certify that I have p	aid any civil penalties or forfeitures assess	ed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the (General Statues, or that at least eight years in of any sentence, whichever date is later,	contendere to, in a court of competent mbezzlement or bribery, or (B) criminal offense have elapsed from the date of the conviction or without a subsequent conviction of or plea to
another such felony of		
another such felony of	otherwise barred from serving as a deputy	y treasurer by order of the State Elections



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)					
A. I am one of a slate of candidates whose campaigns are being funded soler, y a toy committee or a political committee formed for a single election or primary and expendit to the determy behand be reported by the committee sponsoring my candidacy. The name of this spaces of 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 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)				