SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



2. MUNICIPALITY
(If applicable)

REGISTRATION TYPE	E (mm/dd/yyyy) 2. MUNICIPALITY						
✓ Initial Amendment	Nov 2018			(If applicable)			
3. OFFICE OR POSITION SOUGHT					4. DISTR	ICT NUM	BER
					(If applicable)		
State Representative					053		
5. PARTY AFFILIATION							
Republican	Democratic		Other (Speci	ify)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Ryan			Р	Hughes			
7. CANDIDATE RESIDENCI	E ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)		
Street Address				Address			
423 Old Post Rd							
City		State	Zip Code	City		State	Zip Code
Tolland		СТ	06084- 3321				
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)							
860 550	0292	Ryan.l	Hughes@u	conn.edu			
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 Ryan P Hughe	Ryan P Hughes					
12. COMMITTEE NAME						
Ryan for the 53rd						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address			Email Address			
423 Old Post Rd	,	_	ryan.hughes@uconn.edu			
City	State	Zip Code 06084-	Website			
Tolland	CT	3321				
16. TREASURER NAME	•					
First Name		MI	Last Name Suffix			
Mark		J	Farrell			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
112 Sugar Hill Rd						
City	State	Zip Code	City	State	Zip Code	
Tolland	СТ	06084				
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS			
(Include Area Code)						
860 966 6797 mrkfarrell4@gmail.			.com			
21. DEPUTY TREASURER NAME		\ng	Ir. ov		o er	
First Name		MI	Last Name		Suffix	
Benjamin A			Chevalier			
			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
			Addiess			
55 Hurlbut Rd	Q	a: 0.1	a:	l co	Zip Code	
City	State	Zip Code 06084	City	State	Zip Code	
Tolland	СТ					
			URER EMAIL ADDRESS			
(Include Area Code)	handhayaliar06@amail.com					
860 930 1472 benchevalier96@gmail.com						
26. DEPOSITORY INSTITUTION NAME						
Key Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
215 Merrow Road, Tolland, CT 06084	∠ 15 IVIEITOW KOAG, TOIIANG, CT U6U84					

SEEC FORM 1A Revised September 2016

Benjamin A Chevalier

DEPUTY TREASURER SIGNATURE

Revised September 2016						
REGISTRATION TYPE CANDIDATE NAME						
✓ Initial	Amendment	Ryan P Hughes				
28. CERTIFI	ICATION					
comm this st	nittee registrationatement include	on statement are true and accurate to the same certification to the fact that any	nt, that all of the designations set forth in this candidate he best of my knowledge and belief, and further, that individual designated herein to serve as my treasurer of my appointment of them to those positions.			
Rya	n P Hughes		02/17/2018			
CANDI	DATE SIGNATURE		DATE (mm/dd/yyyy)			
candio electo requir limita	date to serve as or in the State of tements as contactions or restrict	the candidate's designated treasurer Connecticut. I intend to comply with ained in Chapter 155 through 157 of ions concerning campaign contributions	nt, that I have accepted my appointment by the of this candidate committee. I certify that I am an h all the campaign finance registration and disclosure the General Statutes, and to abide by any prohibitions, ons and expenditures.			
jurisd under plea o anoth	iction, any (A) Title 9 of the Cor the completion or such felony of	felony involving fraud, forgery, larce General Statues, or that at least eight on of any sentence, whichever date is or offense.	nolo contendere to, in a court of competent ny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or later, without a subsequent conviction of or plea to reasurer by order of the State Elections Enforcement			
Mark	J Farrell		02/17/2018			
TREAS	URER SIGNATURE		DATE (mm/dd/yyyy)			
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 certi	I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.					
jurisd under plea o	iction, any (A) Title 9 of the C	felony involving fraud, forgery, larce General Statues, or that at least eight yn of any sentence, whichever date is	nolo contendere to, in a court of competent ny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or later, without a subsequent conviction of or plea to			

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

02/17/2018

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 because (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 properties of the committee sponsoring my candidacy. The name of this spaces countries:					
		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 experiments 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)				