SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	THE I	AL COM.						<u> </u>	
REGISTRATION TYPE	YPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPA	2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018			(If applicable)	(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER				
						(If applicable	?)		
State Representative					038				
5. PARTY AFFILIATION									
Republican • Democratic Other (Specify)									
6. CANDIDATE NAME									
First Name			MI	Last Name				Suffix	
Nicholas			М	Gauthier	Gauthier				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDA	8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address					
38 Norman St									
City		State	Zip Code	City			State	Zip Code	
Waterford		СТ	06385						
9. CANDIDATE TELEPHONE			10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)									

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

0991

287

(Check one)

860

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

NickMGauthier@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 Nicholas M G	Nicholas M Gauthier						
12. COMMITTEE NAME							
Nick Gauthier For Connecticut	Nick Gauthier For Connecticut						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address		Email Address					
11 Hillcrest Dr			jmflip@aol.com				
City	State	Zip Code 06385	Website				
Waterford	СТ						
16. TREASURER NAME							
First Name		MI	Last Name Suffix				
Joseph		M	Filippetti				
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address			Address				
11 Hillcrest Dr							
City	State Zip Code		City	State	Zip Code		
Waterford	СТ	06385					
19. TREASURER TELEPHONE	20. TRE	20. TREASURER EMAIL ADDRESS					
(Include Area Code)							
860 460 7912 JMFLIP®							
21. DEPUTY TREASURER NAME							
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 TREA			SURER EMAIL ADDRESS	1			
(Include Area Code)							
26. DEPOSITORY INSTITUTION NAME							
Chelsea Groton Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
Boston Post Road, Waterford, CT 06385							
<u> </u>							

REGISTRA	TION TYPE	CANDIDATE NAME	
✓ Initial	Amendment		
V Initial	Amendment	Nicholas M Gauthier	
28. CERTIF	ICATION		
comn this s	nittee registration tatement includ	on statement are true and accurate to a es my certification to the fact that any	nt, that all of the designations set forth in this candidate the best of my knowledge and belief, and further, that y individual designated herein to serve as my treasurer of my appointment of them to those positions.
Nich	nolas M Gauthie	r	02/25/2018
CAND	IDATE SIGNATURE		DATE (mm/dd/yyyy)
I certification of the control of th	date to serve as or in the State or rements as contations or restrict ify that I have positive ify that I have noticition, any (A). Title 9 of the Cor the completic er such felony of that I am noticity t	the candidate's designated treasurer for Connecticut. I intend to comply with ained in Chapter 155 through 157 of ions concerning campaign contributional aid any civil penalties or forfeitures at ot been convicted of or pled guilty or felony involving fraud, forgery, large General Statues, or that at least eight you of any sentence, whichever date is or offense.	nt, that I have accepted my appointment by the of this candidate committee. I certify that I am an the all the campaign finance registration and disclosure the General Statutes, and to abide by any prohibitions, ons and expenditures. Assessed pursuant to Chapters 155 to 157, inclusive. The nolo contendere to, in a court of competent eny, 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
	nission.		00/05/0040
	ph M Filippetti GURER SIGNATURE		02/25/2018
TREAS	SURER SIGNATURE		DATE (mm/dd/yyyy)
candi and a auton that I disclo prohi	by certify and s date to serve as ccept that, in the natically become am an elector in osure requirements bitions, limitation	the candidate's designated deputy tree event of a vacancy caused by the tree responsible for discharging all of the the State of Connecticut. I intend to the state of the constant of the con	easurer of this candidate committee, and I understand easurer's death, incapacity or resignation, I shall be duties required of the vacating treasurer. I certify to comply with all the campaign finance registration and 157 of the General Statutes, and to abide by any gen contributions and expenditures.
jurisd under plea c anoth I certi	liction, any (A) Title 9 of the Cor the completion er such felony of	felony involving fraud, forgery, larce General Statues, or that at least eight you of any sentence, whichever date is or offense.	nolo contendere to, in a court of competent eny, 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
DEPUT	TY TREASURER SIGNA	TURE	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 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 toy behave all be reported by the committee sponsoring my candidacy. The name of this sponsor 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 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)				