SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



N		Pa
	2. MUNICIPALITY	
	(If applicable)	

REGISTRATION TYPE	TE (mm/dd/yyyy)		2. MUNICIPALITY				
				(If applicable)			
✓ Initial Amendment							
3. OFFICE OR POSITION S	OUGHT				4. DISTR	ICT NUM	IBER
Governor					(If applicable	2)	
5. PARTY AFFILIATION							
Republican	✔ Democratic		Other (Speci	(fy)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Jonathan		Α	Harris				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS	(If different)		
Street Address			Address				
17 Scarsdale Rd							
City		State Zip Code		City		State	Zip Code
West Hartford	СТ	06107					
9. CANDIDATE TELEPHON	10. CAN	DIDATE EM	IAIL ADDRESS				
(Include Area Code)							
860 206	4949	jonathan@harrisforct.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





V	12. COMMITTEE NAME	@harrisforct.com te v.harrisforct.com ame ivan REASURER MAILING ADDRESS (If differents))			
Harris for CT 13. COMMITTEE ADDRESS Address PO Box 270029 State Zip Code Website Www.harrisforct.com 16. TREASURER NAME Farsh Name Suffix Sulfivan 17. TREASURER RESIDENCE ADDRESS Street Address 41 High Farms Rd City West Hartford CT CT CT CT CT CT CT C	Harris for CT 13. COMMITTEE ADDRESS Address PO Box 270029 City West Hartford CT 16. TREASURER NAME First Name James 17. TREASURER RESIDENCE ADDRESS Street Address 41 High Farms Rd City West Hartford CT 19. TREASURER TELEPHONE (Include Area Code) 860 525 3101 11. Last Name John 12. DEPUTY TREASURER NAME First Name John 12. DEPUTY TREASURER RESIDENCE ADDRESS Street Address A	@harrisforct.com te v.harrisforct.com ame ivan REASURER MAILING ADDRESS (If differents))			
14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE	13. COMMITTEE ADDRESS	@harrisforct.com te v.harrisforct.com ame ivan REASURER MAILING ADDRESS (If differents))			
Address	Address	@harrisforct.com te v.harrisforct.com ame ivan REASURER MAILING ADDRESS (If differents))			
City State Zip Code Website Www.harrisforct.com	Description	@harrisforct.com v.harrisforct.com ame ivan REASURER MAILING ADDRESS (If differents)				
City West Hartford CT State Website www.harrisforct.com 16. TREASURER NAME First Name James MI Lest Name Sullivan MI Lest Name Sullivan 17. TREASURER RESIDENCE ADDRESS Street Address 41 High Farms Rd City West Hartford State O6107 CT State John MI Lest Name Sullivan MI Lest Name Sullivan 18. TREASURER MAILING ADDRESS (#ddferen) Address Address Address Address Street Address MI Lest Name Neumon State Vip Code O6107 CT MI Lest Name Neumon State Vip Code Vist Vip Code Vip Cod	State	v.harrisforct.com ame ivan REASURER MAILING ADDRESS (If differents)				
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(Include Area Code) 203 213 1713 john.neumon@gmail.com	A4 DEBUTY THE ACTION THE EDITOR AS DEBUTY TO A COUNTY					
203 213 1713 john.neumon@gmail.com						
200 210 1710						
26. DEPOSITORY INSTITUTION NAME						
	26. DEPOSITORY INSTITUTION NAME					
Webster Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
65 LaSalle Rd., West Hartford, CT 06107						

SEEC FORM 1ARevised September 2016

DEPUTY TREASURER SIGNATURE

Revisea Sep	otember 2016		
REGISTRA	ATION TYPE	CANDIDATE NAME	
Initial	Amendment	Jonathan A Harris	
28. CERTIF	FICATION		
comi this s or de	mittee registration statement include eputy treasurer hathan A Harris	on statement are true and accurate my certification to the fact	statement, that all of the designations set forth in this candidate arate to the best of my knowledge and belief, and further, that that any individual designated herein to serve as my treasurer eptance of my appointment of them to those positions. 02/28/2018
CANL	DIDATE SIGNATURE		DATE (mm/dd/yyyy)
candelectorequi limital I cert I cert juriso unde plea	idate to serve as or in the State or rements as cont ations or restrict tify that I have participated in the I have reduction, any (A) or Title 9 of the Control of the Con	the candidate's designated traff Connecticut. I intend to corained in Chapter 155 through itons concerning campaign coraid any civil penalties or forfatte been convicted of or pled a felony involving fraud, forge General Statues, or that at least on of any sentence, whichever	statement, that I have accepted my appointment by the easurer of this candidate committee. I certify that I am an imply with all the campaign finance registration and disclosure 157 of the General Statutes, and to abide by any prohibitions, ontributions and expenditures. Seitures assessed pursuant to Chapters 155 to 157, inclusive. Seitures assessed pursuant to Chapters 155 to 157, inclusive. Seitures assessed pursuant to Chapters 155 to 157, inclusive. Seitures assessed pursuant to Chapters 155 to 157, inclusive. Seitures assessed pursuant to Chapters 155 to 157, inclusive. Seitures assessed pursuant to Chapters 155 to 157, inclusive. Seitures assessed pursuant to Chapters 155 to 157, inclusive. Seitures assessed pursuant to Chapters 155 to 157, inclusive. Seitures assessed pursuant to Chapters 155 to 157, inclusive. Seitures assessed pursuant to Chapters 155 to 157, inclusive. Seitures assessed pursuant to Chapters 155 to 157, inclusive. Seitures assessed pursuant to Chapters 155 to 157, inclusive. Seitures assessed pursuant to Chapters 155 to 157, inclusive. Seitures assessed pursuant to Chapters 155 to 157, inclusive. Seitures assessed pursuant to Chapters 155 to 157, inclusive.
I cert	•		ng as a treasurer by order of the State Elections Enforcement
Jam	es F Sullivan		02/28/2018
TREA	SURER SIGNATURE		DATE (mm/dd/yyyy)
cand and a autor that I discl	eby certify and sidate to serve as accept that, in the matically become am an elector is osure requirement.	the candidate's designated do e event of a vacancy caused be e responsible for discharging n the State of Connecticut. I nts as contained in Chapter 1.	statement, that I have accepted my appointment by the eputy treasurer of this candidate committee, and I understand by the treasurer's death, incapacity or resignation, I shall all of the duties required of the vacating treasurer. I certify intend to comply with all the campaign finance registration and 55 through 157 of the General Statutes, and to abide by any g campaign contributions and expenditures.
I cert	rify that I have p	aid any civil penalties or forf	eitures assessed pursuant to Chapters 155 to 157, inclusive.
juriso unde plea	diction, any (A) r Title 9 of the (felony involving fraud, forge General Statues, or that at leas on of any sentence, whichever	guilty or nolo contendere to, in a court of competent ry, larceny, embezzlement or bribery, or (B) criminal offense at eight years have elapsed from the date of the conviction or date is later, without a subsequent conviction of or plea to
	ify that I am no		ng as a deputy treasurer by order of the State Elections
Joh	n Neumon		02/26/2018

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	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 derstall 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** **OR** **OR** **OR** **OR** **DEC FORM 23 **OR** **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)