SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



		WF CO.						_		
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY					
Initial	Nov 2018				(If applicable)					
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER					
Governor						(If applicable	?)			
5. PARTY AFFILIATION										
Republican Democratic • Other (Specify) Libertarian Party										
6. CANDIDATE NAME										
First Name			MI		Last Name			Suffix		
Rodney			М		Hanscomb					
7. CANDIDATE RESIDENCE ADDRESS					8. CANDIDATE MAILING ADDRESS (If different)					
Street Address				Address						
401 Commons Park S # 373										
City		State	Zip Co		City		State	Zip Code		
Stamford		СТ	0690)2						
9. CANDIDATE TELEPHONE 10. CAN			NDIDA	TE EN	IAIL ADDRESS					
(Include Area Code)										

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

9617

383

(Check one)

203

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

rod@rodforctgov.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	Rodney M Hanscomb						
12. COMMITTEE NAME							
Rod for CT Gov							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address				Email Address			
401 Commons Park S # 373				rod@rodforctgov.com			
City		State	Zip Code 06902	Website			
Stamford	amford CT			www.rodforctgov.com			
16. TREASURER NAME							
First Name			MI	Last Name Suffix			
Harold			S	Harris			
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
101 Laurel Trl							
City		State	Zip Code	City	State	Zip Code	
Glastonbury		СТ	06033				
19. TREASURER TELEPHONE 20. TREASURER EN				MAIL ADDRESS			
(Include Area Code)							
860 633 5661 robinhoodt@att.ne			et				
21. DEPUTY TREASURER NA	AME		М	Last Mana		CCC	
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 TREASU			SURER EMAIL ADDRESS				
(Include Area Code)			OTT TREAS	OKEK EMAIE ADDRESS			
26. DEPOSITORY INSTITUTION NAME							
Liberty Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
445 West Main Street, Branford, CT 06405							

DEPUTY TREASURER SIGNATURE

Revised Se	ptember 2016						
REGISTRA	ATION TYPE	CANDIDATE NAME					
Initial	✓ Amendment	Rodney M Hanscomb					
28. CERTII	FICATION						
this or de	mittee registrationstatement includ	tate, under penalties of false statement, that all of the designations set forth in this candidate in statement are true and accurate to the best of my knowledge and belief, and further, that es my certification to the fact that any individual designated herein to serve as my treasurer ave indicated to me their acceptance of my appointment of them to those positions. b					
CANI	DIDATE SIGNATURE	DATE (mm/dd/yyyy)					
cand elect requ limit I cer I cer juris unde plea	idate to serve as or in the State o irements as cont ations or restrict tify that I have putify that I have number title 9 of the Control of	tate, under penalties of false statement, that I have accepted my appointment by the the candidate's designated treasurer of this candidate committee. I certify that I am an Connecticut. I intend to comply with all the campaign finance registration and disclosure ained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ions concerning campaign contributions and expenditures. aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. The convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense feneral Statues, or that at least eight years have elapsed from the date of the conviction or nof any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.					
	tify that I am no mission.	otherwise barred from serving as a treasurer by order of the State Elections Enforcement					
Har	old S Harris	08/09/2018					
TREA	SURER SIGNATURE	DATE (mm/dd/yyyy)					
cand and a auto that discl	eby certify and so idate to serve as accept that, in the matically become I am an elector it osure requireme	tate, under penalties of false statement, that I have accepted my appointment by the the candidate's designated deputy treasurer of this candidate committee, and I understand e event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall e responsible for discharging all of the duties required of the vacating treasurer. I certify a the State of Connecticut. I intend to comply with all the campaign finance registration and ints as contained in Chapter 155 through 157 of the General Statutes, and to abide by any ons or restrictions concerning campaign contributions and expenditures.					
I cer	tify that I have p	aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.					
juris unde plea	diction, any (A) or Title 9 of the (ot been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense feneral Statues, or that at least eight years have elapsed from the date of the conviction or nof any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.					
	tify that I am no	otherwise barred from serving as a deputy treasurer by order of the State Elections ssion.					

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 because (CHECK ONE)					
A. I am one of a slate of candidates whose campaigns are being funded solely y a toy committee or a political committee formed for a single election or primary and expendit to the committee sponsoring my candidacy. The name of this sponsoring my candidacy 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 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)				