### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



	CEME	COMMI							
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALIT	2. MUNICIPALITY				
Initial	Nov 2018			(If applicable)	(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER				
State Treasurer						(If applicable	e)		
5. PARTY AFFILIATION									
Republican • Democratic Other (Specify)									
6. CANDIDATE NAME									
First Name	Name MI		Last Name	Last Name			Suffix		
Dita			Bhargava	Bhargava					
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE	8. CANDIDATE MAILING ADDRESS (If different)					
Street Address			Address	Address					
502 Cognewaugh Rd									
City		State	Zip Code	City			State	Zip Code	
Cos Cob		СТ	06807						
9. CANDIDATE TELEPHONE 10. CANDIDATE EM			EMAIL ADDRESS						
(Include Area Code)									

### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

7035

900

#### (Check one)

203

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

Dita@DitaforCT.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 Dita Bhargava						
12. COMMITTEE NAME	12. COMMITTEE NAME					
Dita for CT Treasurer						
13. COMMITTEE ADDRESS 4 WEBSITE						
Address	Email Address					
857 Post Rd # 302			dita@ditaforct.com			
City	State Zip Code 06824		Website			
Fairfield	CT		ditaforct.com			
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Diana		С	Sisler			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
338 Bennett St						
City	State	Zip Code	City	State	Zip Code	
Fairfield	CT 06825					
19. TREASURER TELEPHONE 20. TREASURER E			IAIL ADDRESS			
(Include Area Code)						
203 395 2599	dianad	sisler@gma	il.com			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Adam			Bercowetz			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address Address						
266 Pearl St Apt 209						
City	State	Zip Code <b>06103</b>	City	State	Zip Code	
Hartford	CT	00103				
			URER EMAIL ADDRESS			
(Include Area Code)						
203 655 8347						
26. DEPOSITORY INSTITUTION NAME						
Webster Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
1919 Black Rock Turnpike, Fairfield, CT 06825						

SEEC FORM 1A Revised September 2016

DEPUTY TREASURER SIGNATURE

Revised September 2016		
REGISTRATION TYPE	CANDIDATE NAME	
Initial	Dita Bhargava	
28. CERTIFICATION		
committee registrati	on statement are true and ac des my certification to the fa	se statement, that all of the designations set forth in this candidate curate to the best of my knowledge and belief, and further, that cet that any individual designated herein to serve as my treasurer ecceptance of my appointment of them to those positions.  O7/17/2018  DATE (mm/dd/yyyy)
candidate to serve a elector in the State or requirements as con	s the candidate's designated of Connecticut. I intend to co tained in Chapter 155 through	se statement, that I have accepted my appointment by the treasurer of this candidate committee. I certify that I am an omply with all the campaign finance registration and disclosure gh 157 of the General Statutes, and to abide by any prohibitions, contributions and expenditures.
I certify that I have	paid any civil penalties or fo	orfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the plea or the completi another such felony I certify that I am no Commission.	General Statues, or that at le on of any sentence, whichev or offense.	d guilty or nolo contendere to, in a court of competent gery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or the date is later, without a subsequent conviction of or plea to wing as a treasurer by order of the State Elections Enforcement
Diana C Sisler		05/05/2018
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve a and accept that, in the automatically become that I am an elector disclosure requirement	s the candidate's designated ne event of a vacancy caused ne responsible for discharging in the State of Connecticut. ents as contained in Chapter	the statement, that I have accepted my appointment by the deputy treasurer of this candidate committee, and I understand if by the treasurer's death, incapacity or resignation, I shall and all of the duties required of the vacating treasurer. I certify I intend to comply with all the campaign finance registration and 155 through 157 of the General Statutes, and to abide by anying campaign contributions and expenditures.
I certify that I have	paid any civil penalties or fo	orfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the	felony involving fraud, forg General Statues, or that at le on of any sentence, whichev	d guilty or nolo contendere to, in a court of competent gery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or yer date is later, without a subsequent conviction of or plea to
I certify that I am no Enforcement Comm		ving as a deputy treasurer by order of the State Elections
Adam Bercowetz		07/17/2018

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	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 was town 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 space of the 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)			