SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



| CONTINUE CON | | | | | | | |] | | |
|--|--------------------------|---------|----------|---|-----------------|--------------------|-------|----------|--|--|
| REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy) | | | | 2. MUNICIPALITY | | | | | | |
| ✓ Initial Amendment | Nov 2018 | | | | (If applicable) | | | | | |
| 3. OFFICE OR POSITION SOUGHT | | | | | | 4. DISTRICT NUMBER | | | | |
| State Representative | | | | | | (If applicable | 2) | | | |
| 5. PARTY AFFILIATION | | | | | | | | | | |
| ✓ Republican | Democratic Other (Specif | | | | fv) | | | | | |
| 6. CANDIDATE NAME | | | | | | | | | | |
| First Name | | | MI | | Last Name | | | Suffix | | |
| Rosa | | | | Rebimbas | | | | | | |
| 7. CANDIDATE RESIDENCE ADDRESS | | | | 8. CANDIDATE MAILING ADDRESS (If different) | | | | | | |
| Street Address | | | | Address | | | | | | |
| 54 Woodlawn Ave | | | | | | | | | | |
| City | | State | Zip Code | | City | | State | Zip Code | | |
| Naugatuck | | СТ | 06770 | | | | | | | |
| O. CANDIDATE TELEPHON | 10. CAN | IDIDATI | E EM | IAIL ADDRESS | | | | | | |

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

7600

729

(Check one)

(Include Area Code)

203

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

rosa@rebimbaslaw.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 Rosa C Rebir | Rosa C Rebimbas | | | | | |
| 12. COMMITTEE NAME | | | | | | |
| Rosa For Naugatuck | | | | | | |
| 13. COMMITTEE ADDRESS 4 WEBSITE | | | | | | |
| Address | Email Address | | | | | |
| 175 Church St FI 3 | T | | | | | |
| City | State | Zip Code 06770 | Website | | | |
| Naugatuck | CT | | | | | |
| 16. TREASURER NAME | | | | | | |
| First Name | | MI | Last Name | | Suffix | |
| Catherine | | | Ernsky | | | |
| 17. TREASURER RESIDENCE ADDRESS | | | 18. TREASURER MAILING ADDRESS (If different) | | | |
| Street Address | | | Address | | | |
| 56 Rockwell Ave | | | | | | |
| City | State | Zip Code | City | State | Zip Code | |
| Naugatuck | CT 06770 | | | | | |
| 19. TREASURER TELEPHONE 20. TREASURER EM | | | IAIL ADDRESS | | | |
| (Include Area Code) 203 695 5432 | catherinemernsky@hotmail.com | | | | | |
| 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 TREASURER | | | URER EMAIL ADDRESS | | | |
| (Include Area Code) | | | | | | |
| 26. DEPOSITORY INSTITUTION NAME | | | | | | |
| Liberty Bank | | | | | | |
| 27. DEPOSITORY INSTITUTION ADDRESS | | | | | | |
| Address | | | | | | |
| 333 Church Street, Naugatuck, CT 06770 | | | | | | |

| REGISTRATION TYPE | CANDIDATE NAME | |
|---|---|--|
| ✓ Initial Amendment | Rosa C Rebimbas | |
| 8. CERTIFICATION | | |
| committee registration this statement include | n statement are true and accurate to the be | at all of the designations set forth in this candidate st of my knowledge and belief, and further, that vidual designated herein to serve as my treasurer appointment of them to those positions. |
| Rosa C Rebimbas | | 03/02/2018 |
| CANDIDATE SIGNATURE | | DATE (mm/dd/yyyy) |
| candidate to serve as elector in the State of requirements as contalimitations or restrict I certify that I have p I certify that I have n jurisdiction, any (A) under Title 9 of the C | Connecticut. I intend to comply with all tained in Chapter 155 through 157 of the Grions concerning campaign contributions are aid any civil penalties or forfeitures assess of been convicted of or pled guilty or nolo felony involving fraud, forgery, larceny, endeneral Statues, or that at least eight years in of any sentence, whichever date is later, | s candidate committee. I certify that I am an the campaign finance registration and disclosure eneral Statutes, and to abide by any prohibitions, and expenditures. ed pursuant to Chapters 155 to 157, inclusive. |
| Commission. | otherwise barred from serving as a treasur | rer by order of the State Elections Enforcement |
| Catherine Ernsky | | 03/02/2018 |
| TREASURER SIGNATURE | | DATE (mm/dd/yyyy) |
| candidate to serve as and accept that, in the automatically becom- that I am an elector in disclosure requireme | e event of a vacancy caused by the treasure e responsible for discharging all of the duti in the State of Connecticut. I intend to com | er of this candidate committee, and I understand er's death, incapacity or resignation, I shall ites required of the vacating treasurer. I certify uply with all the campaign finance registration and 67 of the General Statutes, and to abide by any |
| I certify that I have p | aid any civil penalties or forfeitures assess | ed pursuant to Chapters 155 to 157, inclusive. |
| jurisdiction, any (A) under Title 9 of the C | General Statues, or that at least eight years in of any sentence, whichever date is later, | contendere to, in a court of competent mbezzlement or bribery, or (B) criminal offense have elapsed from the date of the conviction or without a subsequent conviction of or plea to |
| another such felony of | of offense. | |
| another such felony of | otherwise barred from serving as a deputy | treasurer by order of the State Elections |



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 soler, y a toy committee or a political committee formed for a single election or primary and expendit to the determy behand be reported by the committee sponsoring my candidacy. The name of this space of 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) | | | |
| | | | | | |