State

Zip Code

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	THE REAL PROPERTY OF THE PROPE				
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/y	(צעע)	2. MUNICIPALITY		
Initial	Nov 2018		(If applicable)		
3. OFFICE OR POSITION SOUGHT 4. DISTRICT NUMBER					BER
State Representative				(If applicable) 097	
5. PARTY AFFILIATION					
✓ Republican	Democratic	Other (Spec	cify)		
6. CANDIDATE NAME					
First Name		MI	Last Name		Suffix
Joshua		W	Van Hoesen		
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)		
Street Address		•	Address		

City

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

0125

(Check one)

50 Morris Cswy

9. CANDIDATE TELEPHONE

221

New Haven

(Include Area Code)

508

City

✓ | 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.

Zip Code

06512

10. CANDIDATE EMAIL ADDRESS

ackman.jvanh1@gmail.com

State

CT

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 🗸 Amendment	Joshua W Van Hoesen					
12. COMMITTEE NAME						
R 97						
13. COMMITTEE ADDRESS	13. COMMITTEE ADDRESS 4. WEBSITE					
Address			Email Address			
PO Box 3468		_		joshuavanhoesenfor97@newhaven18.com		
		Zip Code 06515	Website			
New Haven CT		00313				
16. TREASURER NAME			ı			
First Name		MI	Last Name Suffix		Suffix	
James		Р	Carlson			
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address				Address		
127 Fort Hale Rd						
City		State	Zip Code	City	State	Zip Code
New Haven		СТ	06512			
19. TREASURER TELEPHONE 20. TREASURER EM			AAIL ADDRESS			
(Include Area Code) 203 505 8366		Jcarlson789@gmai		ail.com		
21. DEPUTY TREASURER NA	AME					
		MI	Last Name		Suffix	
James			O'Connell			
22. DEPUTY TREASURER RESIDENCE ADDRESS 23. DEPUTY TREASURER MAILING			23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If differen	nt)	
Street Address			Address			
12 Kenter Pl						
City		State	Zip Code	City	State	Zip Code
New Haven		CT	06515			
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASU			URER EMAIL ADDRESS			
(Include Area Code)						
203 387 823	3	eoconnell02@snet.net				
26. DEPOSITORY INSTITUTI	ION NAME					
United Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
2290 Whitney Avenue, Hamden, CT 06518						
Address						
				· ·		

Revised September 2016		Page 3 of 4
REGISTRATION TYPE	CANDIDATE NAME	
Initial	Joshua W Van Hoesen	
28. CERTIFICATION		
committee registratio this statement include	on statement are true and accurate es my certification to the fact that ave indicated to me their acceptant	ement, that all of the designations set forth in this candidate to the best of my knowledge and belief, and further, that any individual designated herein to serve as my treasurer nee of my appointment of them to those positions. O6/08/2018 DATE (mm/dd/yyyy)
candidate to serve as elector in the State of requirements as conta limitations or restricting I certify that I have particularly that I have not jurisdiction, any (A) funder Title 9 of the Goplea or the completion another such felony of	the candidate's designated treasure. Connecticut. I intend to comply ained in Chapter 155 through 157 ions concerning campaign contributed any civil penalties or forfeiture of been convicted of or pled guilty felony involving fraud, forgery, la General Statues, or that at least eight of any sentence, whichever date or offense.	ement, that I have accepted my appointment by the rer of this candidate committee. I certify that I am an with all the campaign finance registration and disclosure of the General Statutes, and to abide by any prohibitions, outions and expenditures. The sassessed pursuant to Chapters 155 to 157, inclusive.
Commission.	otherwise barred from serving as	
James P Carlson Jr 06/04/2018		
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as and accept that, in the automatically become that I am an elector in disclosure requirement prohibitions, limitation I certify that I have particularly that I have no jurisdiction, any (A) for any incomplete that I have no jurisdiction, any (A) for any incomplete that I have no jurisdiction, any (A) for any incomplete that I have no jurisdiction, any (A) for any incomplete that I have no jurisdiction, any (A) for any incomplete that I have no jurisdiction, any (A) for any incomplete that I have no jurisdiction, any (A) for any incomplete that I have no jurisdiction, any (A) for any incomplete that I have no jurisdiction, any (A) for any incomplete that I have no jurisdiction, any (A) for any incomplete that I have no jurisdiction, any (A) for any incomplete that I have no jurisdiction, any (A) for any incomplete that I have no jurisdiction, any (A) for any incomplete that I have no jurisdiction, any (A) for any incomplete that I have no jurisdiction, any (A) for any incomplete that I have no jurisdiction, any (A) for any incomplete that I have no jurisdiction, any (A) for any incomplete that I have no jurisdiction, any (A) for any incomplete that I have no jurisdiction and incomplete that I have no jurisdiction and I have no jurisdiction.	the candidate's designated deputy e event of a vacancy caused by the e responsible for discharging all on the State of Connecticut. I inten- nts as contained in Chapter 155 th ons or restrictions concerning cam- aid any civil penalties or forfeitur ot been convicted of or pled guilty felony involving fraud, forgery, la	ement, that I have accepted my appointment by the y treasurer of this candidate committee, and I understand the treasurer's death, incapacity or resignation, I shall of the duties required of the vacating treasurer. I certify and to comply with all the campaign finance registration and arough 157 of the General Statutes, and to abide by any apaign contributions and expenditures. The estimate of this candidate committee, and I understand to certify the date of the conviction or the estimate of this candidate of the conviction or the estimate of the e

06/07/2018 James O'Connell DEPUTY TREASURER SIGNATURE DATE (mm/dd/yyyy)

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections

another such felony or offense.

Enforcement Commission.



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 (CPECK 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			
☐ 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)			