State

CT

Zip Code

06520

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



State

CT

	SHOMENT COMMISSION				
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/y	(צעצי	2. MUNICIPALITY		
			(If applicable)		
Initial	Nov 2018				
OFFICE OR POSITION S	OUGHT			4. DISTRICT NUMBER	
				(If applicable)	
State Representative				094	
. PARTY AFFILIATION					
✓ Republican	Democratic	Other (Spec	cify)		
. CANDIDATE NAME					
rst Name		MI	Last Name		Suffix
ordan		А	Grode		
CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)		
reet Address			Address		
30 Prospect St			206 Elm St Unit 201161		

New Haven

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

3083

(Check one)

New Haven

(Include Area Code)

203

9. CANDIDATE TELEPHONE

633

City

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

Jordan.Grode@Yale.edu

Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.

Zip Code

06511

10. CANDIDATE EMAIL ADDRESS

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 NA	CANDIDATE NAME					
Initial I Amendment Jordan A Grod	Jordan A Grode					
12. COMMITTEE NAME						
R 94						
13. COMMITTEE ADDRESS 4 WEBSITE						
Address			Email Address			
PO Box 3468			jordanfor94@newhaven18.com			
City State		Zip Code 06515	Website			
New Haven CT						
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Michael		G	Shea			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
5 Chapel St						
City	State	Zip Code 06418	City	State	Zip Code	
Derby	CT	00410				
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS			
	(Include Area Code)					
203 906 7478 mshea910@gmai		1910@gmail	.com			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
James			O'Connell			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
			Address			
12 Kenter Pl						
City	State	Zip Code 06515	City	State	Zip Code	
New Haven	CT	00010				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASU			URER EMAIL ADDRESS			
(Include Area Code)						
203 387 8233	eoconnell02@snet.net					
26. DEPOSITORY INSTITUTION NAME						
United Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address	•					
2290 Whitney Avenue, Hamden, CT 06518						

SEEC FORM 1A

Revised September 2016		rage 3 of 4
REGISTRATION TYPE	CANDIDATE NAME	
Initial	Jordan A Grode	
28. CERTIFICATION		
committee registrat this statement inclu or deputy treasurer	tion statement are true and accurate to ides my certification to the fact that an	nent, that all of the designations set forth in this candidate of the best of my knowledge and belief, and further, that my individual designated herein to serve as my treasurer e of my appointment of them to those positions.
Jordan A Grode		05/01/2018
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve a elector in the State requirements as con limitations or restri I certify that I have I certify that I have jurisdiction, any (A under Title 9 of the plea or the complet another such felony	as the candidate's designated treasurer of Connecticut. I intend to comply we nationed in Chapter 155 through 157 of ctions concerning campaign contribute paid any civil penalties or forfeitures not been convicted of or pled guilty of felony involving fraud, forgery, large General Statues, or that at least eight ition of any sentence, whichever date it yor offense.	ent, that I have accepted my appointment by the r of this candidate committee. I certify that I am an with all the campaign finance registration and disclosure if the General Statutes, and to abide by any prohibitions, tions and expenditures. State assessed pursuant to Chapters 155 to 157, inclusive. The results of the conviction of the conviction or solutions and expenditures are the conviction of the state of the conviction of the state as the conviction of the state. The state is the conviction of the conviction of the state is the conviction of the convictio
Michael G Shea		04/25/2018
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve a and accept that, in the automatically become that I am an elector disclosure requirem prohibitions, limitated I certify that I have Jurisdiction, any (A under Title 9 of the plea or the complete	as the candidate's designated deputy the event of a vacancy caused by the time responsible for discharging all of the in the State of Connecticut. I intendments as contained in Chapter 155 throughout the conversion of the conver	ent, that I have accepted my appointment by the reasurer of this candidate committee, and I understand treasurer's death, incapacity or resignation, I shall the duties required of the vacating treasurer. I certify to comply with all the campaign finance registration and ough 157 of the General Statutes, and to abide by any aign contributions and expenditures. States assessed pursuant to Chapters 155 to 157, inclusive. For nolo contendere to, in a court of competent ceny, embezzlement or bribery, or (B) criminal offense tyears have elapsed from the date of the conviction or so later, without a subsequent conviction of or plea to

04/30/2018 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 Enforcement Commission.



SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION **Certification of Exemption From Forming**





REGISTR	ATION TYPE	CANDIDATE NAME				
☐ Initial	☐ Amendment					
12. REASO	ON FOR EXEMPTION	ON FROM FORMING A CANDIDATE COMMITTEE				
	I hereby certify that I am exempt from forming a candidate committee because (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 expendit to the decomposition of the 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 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)				