State

Zip Code

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	Resolution of the second of th				
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/y	(ציצי)	2. MUNICIPALITY		
✓ Initial Amendment	Nov 2018		(If applicable)		
3. OFFICE OR POSITION SOUGHT 4. DISTRICT NUMBER				BER	
State Representative				(If applicable) 116	
5. PARTY AFFILIATION					
Republican	✓ Democratic	Other (Speci	(fv)		
6. CANDIDATE NAME					
First Name		MI	Last Name		Suffix
Shawn		Α	Brown		
7. CANDIDATE RESIDENCE ADDRESS 8.			8. CANDIDATE MAILING ADDRES	S (If different)	

Address

City

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

0735

(Check one)

Street Address

City

56 Highview Ave

9. CANDIDATE TELEPHONE

675

West Haven

(Include Area Code)

203

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

Shwnbrown@hotmail.com

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

Zip Code

1022

06516-

10. CANDIDATE EMAIL ADDRESS

State

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 Shawn A Brow	Shawn A Brown					
12. COMMITTEE NAME						
Friends of Shawn A. Brown	Friends of Shawn A. Brown					
13. COMMITTEE ADDRESS 4. Land 14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE						
Address			Email Address			
56 Highview Ave						
City	State	Zip Code 06516-	Website			
West Haven	CT 1022					
16. TREASURER NAME						
First Name	First Name MI		Last Name Suffix			
Elybel	ybel		Reyes			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
1177 N Ave FI 2						
City	State	Zip Code	City	State	Zip Code	
Bridgeport	СТ	06604				
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS			
(Include Area Code)						
352 777 1265 Reyesel1020@gmai			nail.com			
21. DEPUTY TREASURER NAME						
		MI	Last Name		Suffix	
Kellie			Pascale			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address Address						
44 Phillips Ter						
City	State	Zip Code 06516	City	State	Zip Code	
West Haven	CT	00510				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASU			URER EMAIL ADDRESS			
(Include Area Code)		_				
203 691 0056	Kelliemar76@gmail.com					
26. DEPOSITORY INSTITUTION NAME						
Webster Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
584 Campbell Avenue, West Haven, CT 06516						

SEEC FORM 1A Revised September 2016		Page 3 of 4
REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendment	Shawn A Brown	
28. CERTIFICATION		
committee registratio this statement include	n statement are true and accurate to the less my certification to the fact that any inc	hat all of the designations set forth in this candidate best of my knowledge and belief, and further, that dividual designated herein to serve as my treasurer my appointment of them to those positions.
Shawn A Brown		03/23/2018
CANDIDATE SIGNATURE		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 treasurer of the Connecticut. I intend to comply with all timed in Chapter 155 through 157 of the Cons concerning campaign contributions and any civil penalties or forfeitures assert the been convicted of or pled guilty or not felony involving fraud, forgery, larceny, teneral Statues, or that at least eight years of any sentence, whichever date is later offense.	ssed pursuant to Chapters 155 to 157, inclusive. lo contendere to, in a court of competent embezzlement or bribery, or (B) criminal offense s have elapsed from the date of the conviction or r, without a subsequent conviction of or plea to
I certify that I am not Commission.	otherwise barred from serving as a treas	surer by order of the State Elections Enforcement
Elybel Reyes		03/23/2018
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	the candidate's designated deputy treasure event of a vacancy caused by the treasure responsible for discharging all of the dual the State of Connecticut. I intend to co	hat I have accepted my appointment by the arer of this candidate committee, and I understand arer's death, incapacity or resignation, I shall uties required of the vacating treasurer. I certify amply with all the campaign finance registration and 157 of the General Statutes, and to abide by any contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

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

Kellie Pascale	03/23/2018
DEPUTY TREASURER SIGNATURE	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 becaus (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 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 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)		