SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018			(If applicable)			
3. OFFICE OR POSITION S	OUGHT				4. DISTR	RICT NUM	IBER
					(If applicable	e)	
State Representative					125		
5. PARTY AFFILIATION							
Republican	✓ Democratic		Other (Spec	ify)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Ross			н	Tartell			
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)		
Street Address				Address			
116 Washington Post Dr							
City		State	Zip Code	City		State	Zip Code
Wilton		СТ	06897				
9. CANDIDATE TELEPHON	NE	10. CAN	DIDATE EN	IAIL ADDRESS			
(Include Area Code)							
203 761	8717	RTarte	ell@optonlir	ne.net			
11. DESIGNATION OF CAM	APAIGN FUNDING	SOURCE	2				
(Check one)							
✓ 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 — Co	andidate 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							

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	ME					
Initial I Amendment Ross H Tartell							
12. COMMITTEE NAME							
Friends of Ross Tartell							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address				Email Address			
116 Washington Post Dr							
City			Zip Code	Website			
Wilton		СТ	06897	www.ross.tartell.com			
16. TREASURER NAME		I	l				
First Name			MI	Last Name		Suffix	
Richard			F	Creeth			
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
250 Catalpa Rd							
City		State	Zip Code	City	State	Zip Code	
Wilton		СТ	06897				
19. TREASURER TELEPHON	IE	20. TRE	ASURER EN	IAIL ADDRESS			
(Include Area Code)							
203 984 7144		rcreeth	@gmail.cor	m			
21. DEPUTY TREASURER NA	ME						
First Name			MI	Last Name		Suffix	
Valerie			Т	Rosenson			
22. DEPUTY TREASURER RESIDENCE ADDRESS 23. D				23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If different)	
Street Address				Address			
22 Seir Hill Rd							
City		State	Zip Code	City	State	Zip Code	
Wilton		СТ	06897				
24. DEPUTY TREASURER TE	TERHONE	25. DEPUTY TREASURER EMAIL ADDRESS					
(Include Area Code)		23. DEF	UTT TKEAS	UNER EMAIL ADDRESS			
203 761 884	7	vtrosei	nson@gmai	l.com			
26. DEPOSITORY INSTITUT	ION NAME						
Wells Fargo							
27. DEPOSITORY INSTITUTION ADDRESS							
Address	lilton CT OCOCT						
44 Old Ridgefield Road, W							

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REGISTRATION TYPE		CANDIDATE NAME
✓ Initial	Amendment	Ross H Tartell
28 CEDTIFICATION		

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

Ross H Tartell	03/22/2018
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)

Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign 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 treasurer by order of the State Elections Enforcement Commission.

Richard F Creeth	03/22/2018
TREASURER SIGNATURE	DATE (mm/dd/yyyy)

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign 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.

Valerie T Rosenson	03/25/2018	
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/yyyy)	

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SEEC FORM 1B STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee Revised September 2016



DECICED ATION TYPE	CANDIDATE NAME				
REGISTRATION TYPE					
12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE					
I hereby cer	I hereby certify that I am exempt from forming a candidate committee becaus (CHECK ONE)				
□ A. I am one of a slate of candidates whose campaigns are being funded solely by a town committee or a political committee formed for a single election or primary and expendit the solely of the committee sponsoring my candidacy. The name of this sponsories committee is:					
	OR				
B. I am funding my campaign entirely from my own ersteal funds and will not request or receive contributions from other individuals or committees and I to derstation at if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be received for filing financial disclosure statements (SEEC Form 23) according to the same schedule and in the annunative as received of treasurers of candidate committees.					
C. I do not inte					
	OR				
D. I do the receive or keynend any funds, including personal funds, for this campaign.					
13. CER					
I here certify and state, under penalties of false statement, that this statement of exemption from forming a candidat committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.					
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)				