SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	THE I	AL COM.]	
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY				
Initial	Nov 2018			(If applicable)				
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER				
					(If applicable	?)		
State Senator				036				
5. PARTY AFFILIATION								
Republican Democratic Other (Specify)								
6. CANDIDATE NAME								
irst Name M		MI	Last Name S			Suffix		
Alexandra			Bergstein					
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address			Address					
541 Lake Ave								
City		State	Zip Code	City		State	Zip Code	
Greenwich		СТ	06830		ļ			
9. CANDIDATE TELEPHONE			10. CANDIDATE EMAIL ADDRESS					
Include Area Code)								

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

4709

561

(Check one)

203

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

alexbergstein@gmail.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



Note	REGISTRATION TYPE CANDIDATE NAME						
Alexandra Bergstein	Initial ✓I Amendment Alexandra Bergstein						
1. COMMITTEE ADDRESS	12. COMMITTEE NAME	12. COMMITTEE NAME					
1117 Purlarm Ave # 473							
1117 E Putnam Ave # 473	13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
State Stat							
Note Suppose Note	1117 E Putnam Ave # 473			uniteforct@gmail.com			
Note	City	State		Website			
First Name	Riverside	CT	00076	uniteforct.com			
Peter	16. TREASURER NAME					_	
18. TREASURER MAILING ADDRESS (different)	First Name		MI	Last Name Suffix			
Street Address	Peter		E	Berg			
28 Dandy Dr City				18. TREASURER MAILING ADDRESS (If different)			
State City O6807 City Ci	Street Address			Address			
Cos Cob CT 06807 cos Read Sure Residence Sure Residence Sure Residence Residence Address 19. TREASURER TELEPHONE 20. TREASURER EMAIL ADDRESS 21. DEPUTY TREASURER NAME First Name MII Last Name Suffix Robert STORE Address Address 16 Terrace Ave State Cip Code City O6878 City O6878 City City State Cip Code O6878 City O6878 City City State Zip Code O6878 City City State Zip Code O6878 City City State Zip Code O6878 City City City City City City City City	28 Dandy Dr						
19. TREASURER TELEPHONE 20. TREASURER EMAIL ADDRESS 203 869 5953 peter=berg@gmail.com 20. TREASURER EMAIL ADDRESS 20. TREASURER EMAIL ADDRESS 20. TREASURER EMAIL ADDRESS 20. TREASURER NAME 20. TREASURER NAME 20. TREASURER NAME 20. TREASURER RESIDENCE ADDRESS 20. TREASURER MAILING ADDRESS 3. TREASURER MAILING ADDRE	City	State		City	State	Zip Code	
Peter Pete	Cos Cob	СТ	- 06807				
203	19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS			
21. DEPUTY TREASURER NAME First Name Robert MI Last Name Robert K Brady 22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address 16 Terrace Ave City Riverside CT State CT Code 06878 CT City 06878 City 06878 CT C							
First Name Robert MI K Brady 22. DEPUTY TREASURER RESIDENCE ADDRES Street Address 16 Terrace Ave City Riverside CT State CT	203 869 5953 petereberg@gm:			l.com			
Robert K Brady 22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address 16 Terrace Ave City State CT O6878 CT O6878 CT O6878 25. DEPUTY TREASURER MAILING ADDRESS (Include Area Code) 203 637 1168 26. DEPOSITORY INSTITUTION NAME Bank of America 27. DEPOSITORY INSTITUTION ADDRESS Address			l va	Tr. ov		I a er	
22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address 16 Terrace Ave City Riverside 25. DEPUTY TREASURER MAILING ADDRESS (If different) Address CT State CT City O6878 CT CT CT CT CT CT CT CT CT C						Suffix	
Street Address	Robert			Brady			
16 Terrace Ave State Zip Code O6878 CT O6878 City State Zip Code CT O6878)			
City Riverside CT State CT City Code 06878 CT City City City City City City City Cit							
Riverside CT 06878 24. DEPUTY TREASURER TELEPHONE (Include Area Code) 203 637 1168 26. DEPOSITORY INSTITUTION NAME 27. DEPOSITORY INSTITUTION ADDRESS Address		_	T		La	G: 0 1	
Riverside CT State		State	-	City	State	Zip Code	
(Include Area Code) 203 637 1168 26. DEPOSITORY INSTITUTION NAME Bank of America 27. DEPOSITORY INSTITUTION ADDRESS Address	Riverside	СТ	00070				
203 637 1168 26. DEPOSITORY INSTITUTION NAME Bank of America 27. DEPOSITORY INSTITUTION ADDRESS Address				URER EMAIL ADDRESS			
26. DEPOSITORY INSTITUTION NAME Bank of America 27. DEPOSITORY INSTITUTION ADDRESS Address							
Bank of America 27. DEPOSITORY INSTITUTION ADDRESS Address	203 637 1168						
27. DEPOSITORY INSTITUTION ADDRESS Address	26. DEPOSITORY INSTITUTION NAME						
Address	Bank of America						
162 East Putnam Ave. Cos Cob 06807							
	162 East Putnam Ave. Cos Cob 06807				•		

SEEC FORM 1A

Robert K Brady

DEPUTY TREASURER SIGNATURE

Revised September 2016					
REGISTR	ATION TYPE	CANDIDATE NAME			
Initial	✓ Amendment	Alexandra Bergstein			
28. CERTII	FICATION				
com this or de	mittee registration statement include eputy treasurer h	state, under penalties of false statement, that all of the designations set forth in this candidate on statement are true and accurate to the best of my knowledge and belief, and further, that es my certification to the fact that any individual designated herein to serve as my treasurer ave indicated to me their acceptance of my appointment of them to those positions.			
	exandra Bergstein				
CANI	DIDATE SIGNATURE	DATE (mm/dd/yyyy)			
cand elect requ limit I cer I cer juris unde plea anot	tidate to serve as for in the State of irements as contactions or restrict tify that I have p tify that I have n diction, any (A) or Title 9 of the C or the completion her such felony of	state, under penalties of false statement, that I have accepted my appointment by the the candidate's designated treasurer of this candidate committee. I certify that I am an f Connecticut. I intend to comply with all the campaign finance registration and disclosure ained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, tions concerning campaign contributions and expenditures. The penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. The penalties or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense General Statues, or that at least eight years have elapsed from the date of the conviction or on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense. It otherwise barred from serving as a treasurer by order of the State Elections Enforcement			
	er E Berg	05/15/2018			
	ASURER SIGNATURE	DATE (mm/dd/yyyy)			
cand and a automethat discler prohesis of the certain section section of the certain section of the certain section section of the certain section sectio	reby certify and solidate to serve as accept that, in the matically becom I am an elector in losure requirementations, limitation tify that I have putify that I have not diction, any (A) or Title 9 of the Cor the completion her such felony of the I am not tify that I am not tify	t otherwise barred from serving as a deputy treasurer by order of the State Elections			
	orcement Commi				

05/15/2018

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)					
A. I am one of a slate of candidates whose campaigns are being funded soler, y a tow committee or a political committee formed for a single election or primary and expendit to the description of the reported by the committee sponsoring my candidacy. The name of this space of the committee sponsoring my candidacy.						
		OR				
con thou	tributions from cusand dollars (\$	ny campaign entirely from my own erstand funds and will not request or receive other individuals or committees and I to derstand a if I make expenditures exceeding one 1,000) that I shall be reconstant for filing francial disclosure statements (SEEC Form 23) me schedule and in the tank manner as record of treasurers of candidate committees.				
C.	I do not intend	to receive experience 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 se, for the reason checked above, is true, accurate and complete to the best of my ef.				
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)				