SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



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REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018				(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER				
State Senator						(If applicable) 027			
5. PARTY AFFILIATION									
✓ Republican Democratic Other (Specify)									
6. CANDIDATE NAME									
First Name			MI		Last Name			Suffix	
Gerald			R		Bosak				
7. CANDIDATE RESIDENCE ADDRESS					8. CANDIDATE MAILING ADDRESS (If different)				
Street Address					Address				
30 Brightside Dr									
City		State	Zip Code		City		State	Zip Code	
Stamford		CT	06902						
9. CANDIDATE TELEPHON	10. CAN	DIDAT	E EM	AIL ADDRESS					
Include Area Code)									
203 223	2567	gbosa	kjr@ao	ol.com	า				

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

(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 — 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



REGISTRATION TYPE CANDIDATE NAME							
✓ Initial Amendment	Initial I Amendment Gerald R Bosak						
12. COMMITTEE NAME							
Bosak for Senate							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address				Email Address			
30 Brightside Dr				info@bosakforsenate.com			
City		State	Zip Code 06902	Website			
Stamford		CT	00302	www.bosakforsenate.com			
16. TREASURER NAME							
First Name			MI	Last Name Suffix			
Rashmi				Patel			
17. TREASURER RESIDENCE	ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
668 High Ridge Rd							
City		State	Zip Code	City	State	Zip Code	
Stamford		CT 06905					
19. TREASURER TELEPHONE 20. TREASURER EM				IAIL ADDRESS			
(Include Area Code) 203 299 7438 rpattellaw@sbcglo			bal.net				
21. DEPUTY TREASURER NAM	ME						
First Name			MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)				
Street Address				Address			
City		State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS				
(Include Area Code)							
26. DEPOSITORY INSTITUTION NAME							
First County Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
637 Shippan Avenue, Stamford, CT 06902							
<u> </u>							

SEEC FORM 1A Revised September 2016

REGISTRA	TION TYPE	CANDIDATE NAME
✓ Initial	Amendment	Gerald R Bosak
28. CERTIF	ICATION	
comm this s	nittee registration tatement includ	rate, under penalties of false statement, that all of the designations set forth in this candidate in statement are true and accurate to the best of my knowledge and belief, and further, that is my certification to the fact that any individual designated herein to serve as my treasurer we indicated to me their acceptance of my appointment of them to those positions.
Ger	ald R Bosak	04/16/2018
CAND	IDATE SIGNATURE	DATE (mm/dd/yyyy)
candi electo requi limita I cert	date to serve as or in the State or rements as contations or restrict ify that I have p	ate, 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 Connecticut. I intend to comply with all the campaign finance registration and disclosure ined in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ons concerning campaign contributions and expenditures. And any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
under plea (anoth	Title 9 of the Cor the completion er such felony of	elony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense eneral Statues, or that at least eight years have elapsed from the date of the conviction or of any sentence, whichever date is later, without a subsequent conviction of or plea to r offense. otherwise barred from serving as a treasurer by order of the State Elections Enforcement
Rash	nmi Patel	04/16/2018
TREAS	SURER SIGNATURE	DATE (mm/dd/yyyy)
candi and a auton that I discle prohi I cert I cert jurisd under plea canoth	eby certify and so date to serve as eccept that, in the natically become am an elector in osure requirement bitions, limitation ify that I have policition, any (A) Title 9 of the Correct the completion er such felony of	otherwise barred from serving as a deputy treasurer by order of the State Elections
DEPUT	ΓΥ TREASURER SIGNA	TURE 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 because (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 committee of the reported by the committee sponsoring my candidacy. The name of this sponsor committee 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)				