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)		(עעע	2. MUNICIPALITY			
				(If applicable)			
Initial	Nov 2018						
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
					(If applicable)		
State Senator					009		
5. PARTY AFFILIATION							
✓ Republican Democratic Other (Spec			Other (Speci	60			
Republican Democratic Other (sp.			Other (speci				
6. CANDIDATE NAME							
First Name MI		MI	Last Name Suffix				
Edward		V	Charamut				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address				
431 Elm St							
City		State	Zip Code	City		State	Zip Code
Rocky Hill		СТ	06067				
9. CANDIDATE TELEPHONE 1		10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
860 785	8833	charan	mut@cox.ne	et			
11 DESIGNATION OF CAMPAIGN FUNDING SOURCE							

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	Edward V Charamut					
12. COMMITTEE NAME						
Charamut For Senator						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address				Email Address		
431 Elm St			.	ed@charamutforstatesenate.com		
City		State Zip Code 06067		Website		
Rocky Hill				www.charamutforstatesenate.com		
16. TREASURER NAME						
First Name			MI	Last Name Suffix		Suffix
Allan			D	Greenspan		
17. TREASURER RESIDENCE	ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address				Address		
57 Ramblewood Dr						
City	:	State	Zip Code 06067	City	State	Zip Code
Rocky Hill		CT	00007			
19. TREASURER TELEPHONE 20. TREASURER EN			AAIL ADDRESS			
(Include Area Code)						
203 430 7570		allang@nethermography.com				
21. DEPUTY TREASURER NAM	ME		ı			
		MI	Last Name		Suffix	
Jeffrey			Р	Levine		
22. DEPUTY TREASURER RESIDENCE ADDRESS				23. DEPUTY TREASURER MAILING ADDRESS (If different)		
			Address			
23 Minnie Ln					T =	I
City		State	Zip Code 06067	City	State	Zip Code
Rocky Hill		CT	00007			
24. DEPUTY TREASURER TEI	LEPHONE	E 25. DEPUTY TREASURER EMAIL ADDRESS				
(Include Area Code)		:				
860 778 4123 jplev@me.com						
26. DEPOSITORY INSTITUTION	ON NAME					
Webster Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
377 Cromwell Avenue, Rocky Hill, CT 06067						

Jeffrey P Levine

DEPUTY TREASURER SIGNATURE

Revised September 2016					
REGISTRA	ATION TYPE	CANDIDATE NAME			
Initial	✓ Amendment	Edward V Charamut			
28. CERTII	FICATION				
comithis sor de	mittee registrationstatement includ	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. O6/06/2018			
cand elect requilimit I cer I cer jurise unde plea	idate to serve as or in the State or in the State or irements as contrations or restrict tify that I have putify that I have number title 9 of the Contraction.	tate, 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 ained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ions concerning campaign contributions and expenditures. aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. ot been convicted of 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 nof any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.			
	tify that I am no mission.	otherwise barred from serving as a treasurer by order of the State Elections Enforcement			
Alla	n D Greenspan	06/06/2018			
TREASURER SIGNATURE DATE (mm/dd/yyyy)		DATE (mm/dd/yyyy)			
cand and a autor that I discl proh I cer I cer jurise unde plea anotl I cer	eby certify and sidate to serve as accept that, in the matically becom I am an elector is osure requirementations, limitation tify that I have putify that I have putify that I have not the completion of the completion of the completion of the such felony of that I am not tify that I am not the completion of the	otherwise barred from serving as a deputy treasurer by order of the State Elections			
Enfo	rcement Commi	ssion.			

06/06/2018

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)
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)