SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



		VT~COM						
REGISTRATION TYPE	PE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018			(If applicable)				
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER				
State Representative					(If applicable) 095			
5. PARTY AFFILIATION								
Republican • Democratic Other (Specify)								
6. CANDIDATE NAME	6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix	
Juan R			Candelaria					
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address			Address					
34 Sixth St								
City		State	Zip Code	City		State	Zip Code	
New Haven		СТ	06519					
9. CANDIDATE TELEPHONE 10. C			. CANDIDATE EMAIL ADDRESS					
(Include Area Code)								

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

7905

645

(Check one)

203

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

juanbotoa@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



REGISTRATION TYPE	CANDIDATE NAME					
✓ Initial Amendment	Juan R Candelaria					
12. COMMITTEE NAME						
Candelaria 2018						
13. COMMITTEE ADDRESS 14. & 15. COMMITTEE EMAIL ADDRESS & WEB					EBSITE	
Address Email Address						
34 Sixth St						
		Zip Code 06519	Website			
16. TREASURER NAME						
First Name			MI	Last Name Suffix		
Frank				Alvarado		
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address				Address		
51 Lexington Gdns						
City		State	Zip Code	City	State	Zip Code
North Haven		СТ	06473			
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS			
(Include Area Code) 203 214 3398 falva3349@aol.com			m			
203 214 3398 falva3349@aol.com						
21. DEPUTY TREASURER NA First Name	ME		MI	Last Name		Suffix
THSC INGINE			IVII	Last ivalic		Sumx
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			UTY TREAS	URER EMAIL ADDRESS		
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
Start Community Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
299 Whalley Avenue, New Haven, CT 06511						

REGISTRATION TYPE	CANDIDATE NAME	
/ Initial Amendment	Juan R Candelaria	
B. CERTIFICATION		
committee registration this statement include	state, under penalties of false statement, that all of the design on statement are true and accurate to the best of my knowledges my certification to the fact that any individual designated ave indicated to me their acceptance of my appointment of the	ge and belief, and further, that herein to serve as my treasurer
Juan R Candelaria	05/01/2	018
CANDIDATE SIGNATURE	DATE (mm/	dd/yyyy)
candidate to serve as elector in the State of requirements as contalimitations or restrict I certify that I have p I certify that I have n jurisdiction, any (A) under Title 9 of the C	state, under penalties of false statement, that I have accepted the candidate's designated treasurer of this candidate comme and Connecticut. I intend to comply with all the campaign final ained in Chapter 155 through 157 of the General Statutes, and ions concerning campaign contributions and expenditures. aid any civil penalties or forfeitures assessed pursuant to Chapter to the convicted of or pled guilty or nolo contendere to, in felony involving fraud, forgery, larceny, embezzlement or be general Statues, or that at least eight years have elapsed from an of any sentence, whichever date is later, without a subsequence of offense.	ittee. I certify that I am an ince registration and disclosure d to abide by any prohibitions, apters 155 to 157, inclusive. a court of competent ribery, or (B) criminal offense the date of the conviction or
Commission.	otherwise barred from serving as a treasurer by order of the	
Frank Alvarado	05/01/20)18
TREASURER SIGNATURE	DATE (mm/	dd/yyyy)
candidate to serve as and accept that, in the automatically becom- that I am an elector in disclosure requireme	tate, under penalties of false statement, that I have accepted the candidate's designated deputy treasurer of this candidate e event of a vacancy caused by the treasurer's death, incapace e responsible for discharging all of the duties required of the in the State of Connecticut. I intend to comply with all the can that as contained in Chapter 155 through 157 of the General States or restrictions concerning campaign contributions and ex-	e committee, and I understand ity or resignation, I shall vacating treasurer. I certify impaign finance registration and Statutes, and to abide by any
I certify that I have p	aid any civil penalties or forfeitures assessed pursuant to Cha	apters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the C	ot been convicted of or pled guilty or nolo contendere to, in felony involving fraud, forgery, larceny, embezzlement or but General Statues, or that at least eight years have elapsed from on of any sentence, whichever date is later, without a subsequent of offense.	ribery, or (B) criminal offense the date of the conviction or
T C d T	t otherwise barred from serving as a deputy treasurer by orde	
Enforcement Commi		er of the State Elections



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 toy committee or a political committee formed for a single election or primary and expendit to the determy behand be reported by the committee sponsoring my candidacy. The name of this spaces of committee is:						
	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 experiments of one thousand dollars (\$1,000).						
D. I do the receive 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)				