SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	WEN.	COM						<u> </u>
REGISTRATION TYPE	E (mm/dd/y	(איציי)		2. MUNICIPALITY				
Initial	Nov 2018				(If applicable)			
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NUMBER			
State Representative						(If applicable) 102		
5. PARTY AFFILIATION								
Republican • Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI		Last Name			Suffix
Robin					Comey			
7. CANDIDATE RESIDENCE ADDRESS					8. CANDIDATE MAILING ADDRESS (If different)			
Street Address					Address			
109 Shore Dr								
City		State	Zip Code		City		State	Zip Code
Branford		СТ	06405			ļ		
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS							
Include Area Code)								
203 415	5613	robince	omey@)gma	il.com			

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 N	CANDIDATE NAME									
Initial I Amendment Robin Comey	Robin Comey									
12. COMMITTEE NAME										
Friends of Robin Comey										
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE						
Address			Email Address							
109 Shore Dr	I a	7: 0.1	W. L. V.							
City	State	Zip Code 06405	Website							
Branford	СТ									
16. TREASURER NAME		T	I		T =					
First Name		MI	Last Name Suffix							
Anthony			Giardiello							
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)							
Street Address			Address							
211 Short Beach Rd										
City	State	Zip Code 06512	City	State	Zip Code					
East Haven	CT	00312								
19. TREASURER TELEPHONE	IAIL ADDRESS									
	(Include Area Code)									
203 464 4859 agiard@snet.i										
21. DEPUTY TREASURER NAME										
First Name		MI	Last Name		Suffix					
Richard		С	Pittman							
22. DEPUTY TREASURER RESIDENCE ADDR	23. DEPUTY TREASURER MAILING ADDRESS (If different)									
Street Address Address										
74 S Montowese St				T -	T == -					
City	State	Zip Code 06405	City	State	Zip Code					
Branford	CT	00100								
24. DEPUTY TREASURER TELEPHONE	URER EMAIL ADDRESS									
Include Area Code)										
203 494 1875 RickPitt2@gmail.com										
26. DEPOSITORY INSTITUTION NAME										
Guilford Savings Bank										
					27. DEPOSITORY INSTITUTION ADDRESS					
27. DEPOSITORY INSTITUTION ADDRESS Address 61 North Main Street, Branford, CT 06405										

SEEC FORM 1A Revised September 2016

Enforcement Commission.

Richard C Pittman

DEPUTY TREASURER SIGNATURE

Revised September 2016					
REGISTRA	ATION TYPE	CANDIDATE NAME			
Initial	✓ Amendment	Robin Comey			
28. CERTII	FICATION				
this:	mittee registrationstatement includ	on statement are true and accurates my certification to the fact the	attement, that all of the designations set forth in this candidate te to the best of my knowledge and belief, and further, that at any individual designated herein to serve as my treasurer ance of my appointment of them to those positions.		
Ro	bin Comey		08/02/2018		
CANI	DIDATE SIGNATURE		DATE (mm/dd/yyyy)		
cand elect required limits I cer I cer jurise unde plea anoth	didate to serve as for in the State of irements as contrations or restrict tify that I have putify that I have number and iction, any (A) or Title 9 of the Completic her such felony of the such felony of the completic the such felony of the completic the such felony of the completic the such felony of the such felon	the candidate's designated treas of Connecticut. I intend to complained in Chapter 155 through 15 ions concerning campaign contraid any civil penalties or forfeit of been convicted of or pled guifelony involving fraud, forgery, General Statues, or that at least ear of any sentence, whichever days or offense.	attement, that I have accepted my appointment by the surer of this candidate committee. I certify that I am an ally with all the campaign finance registration and disclosure of the General Statutes, and to abide by any prohibitions, ributions and expenditures. The sures assessed pursuant to Chapters 155 to 157, inclusive. The sures assessed pursuant to Chapters 155 to 157, inclusive. The sure of the sure of the sure of the competent of the sure of the conviction of the sure of the conviction of the sure of the sur		
Antl	hony Giardiello		07/28/2018		
TREA	ASURER SIGNATURE		DATE (mm/dd/yyyy)		
cand and a autor that discl proh	reby certify and solidate to serve as accept that, in the matically become I am an elector is osure requirementations, limitation tify that I have putify that I have a diction, any (A) or Title 9 of the Control of th	the candidate's designated depute event of a vacancy caused by the responsible for discharging all in the State of Connecticut. I into the state of Connecticut. I in	attement, that I have accepted my appointment by the atty treasurer of this candidate committee, and I understand the treasurer's death, incapacity or resignation, I shall I of the duties required of the vacating treasurer. I certify tend to comply with all the campaign finance registration and through 157 of the General Statutes, and to abide by any ampaign contributions and expenditures. The series of the contract of the competent of the contract of the conviction or the contract of the conviction of the con		
Leer	tify that I am no	t otherwise harred from serving	as a deputy treasurer by order of the State Elections		

07/28/2018

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	late of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expendit to the decomposition of the special beautiful as a special property of the special property of the second property o
		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 at 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. OR
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)