SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	SOC TONE	NT COMMS						
REGISTRATION TYPE	1. ELECTION DAT	ΓE (mm/dd/y	יציצי)		2. MUNICIPALITY			
✓ Initial Amendment	Nov 2018				(If applicable)			
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
						(If applicable	e)	
State Representative						097		
5. PARTY AFFILIATION								
Republican • Democratic Other (Specify)								
6. CANDIDATE NAME								
irst Name			MI		Last Name			Suffix
Paul			Α		Garlinghouse			
. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
treet Address					Address			
50 Perkins St								
City		State	Zip Code	;	City		State	Zip Code

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

0139

(Check one)

New Haven

(Include Area Code)

203

9. CANDIDATE TELEPHONE

865

✓ 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.

06513

10. CANDIDATE EMAIL ADDRESS

garlinghouseforct@yahoo.com

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 NA	CANDIDATE NAME						
✓ Initial I Amendment Paul A Garling	Paul A Garlinghouse						
12. COMMITTEE NAME	12. COMMITTEE NAME						
GarlinghouseforCT							
13. COMMITTEE ADDRESS		14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address	Email Address						
50 Perkins St							
City	State	Zip Code 06513	Website				
New Haven	CT						
16. TREASURER NAME							
First Name		MI	Last Name Suffix				
Mary			Giannotti				
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address			Address				
50 Perkins St							
City	State	Zip Code	City	State	Zip Code		
New Haven	СТ	06513					
19. TREASURER TELEPHONE 20. TREASURER E			MAIL ADDRESS				
(Include Area Code)							
203 907 5979	rahoo.com						
21. DEPUTY TREASURER NAME		l v a	Ir av		la er		
First Name		MI	Last Name		Suffix		
22. DEPUTY TREASURER RESIDENCE ADDR		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							
Citizen's Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
209 Church Street, New Haven, CT 06510							

REGISTRA	TION TYPE	CANDIDATE NAME	
✔ Initial	Amendment	Paul A Garlinghouse	
28. CERTIF	ICATION		
comn this s	nittee registration tatement includ	on statement are true and accur es my certification to the fact	tatement, that all of the designations set forth in this candidate rate to the best of my knowledge and belief, and further, that that any individual designated herein to serve as my treasurer ptance of my appointment of them to those positions.
Pau	I A Garlinghous	e	05/14/2018
CAND	IDATE SIGNATURE		DATE (mm/dd/yyyy)
I cert Jurisd under plea o	or in the State or rements as contactions or restrict ify that I have put ify that I have reliction, any (A) at Title 9 of the Cor the completion are such felony of	f Connecticut. I intend to comained in Chapter 155 through ions concerning campaign coraid any civil penalties or forfe ot been convicted of or pled g felony involving fraud, forger General Statues, or that at least on of any sentence, whichever or offense.	uilty or nolo contendere to, in a court of competent y, larceny, embezzlement or bribery, or (B) criminal offense eight years have elapsed from the date of the conviction or date is later, without a subsequent conviction of or plea to
Com	mission.	t otherwise parred from servin	g as a treasurer by order of the State Elections Enforcement
	Giannotti SURER SIGNATURE		05/14/2018
			DATE (mm/dd/yyyy)
candi and a auton that I disclo	eby certify and so date to serve as eccept that, in the natically become am an elector in osure requirements	the candidate's designated de e event of a vacancy caused by e responsible for discharging a n the State of Connecticut. I in nts as contained in Chapter 15	tatement, that I have accepted my appointment by the puty treasurer of this candidate committee, and I understand y the treasurer's death, incapacity or resignation, I shall all of the duties required of the vacating treasurer. I certify ntend to comply with all the campaign finance registration and 5 through 157 of the General Statutes, and to abide by any campaign contributions and expenditures.
I cert	ify that I have p	aid any civil penalties or forfe	itures assessed pursuant to Chapters 155 to 157, inclusive.
jurisd under plea o	liction, any (A) Title 9 of the (felony involving fraud, forger General Statues, or that at least on of any sentence, whichever	uilty or nolo contendere to, in a court of competent y, larceny, embezzlement or bribery, or (B) criminal offense eight years have elapsed from the date of the conviction or date is later, without a subsequent conviction of or plea to
	ify that I am no		g 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 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 temporal be 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)				