SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	VIEW .	7~com						
REGISTRATION TYPE 1. ELECTION DATE (mm//			עעע)		2. MUNICIPALITY			
✓ Initial Amendment					(If applicable)			
7 mitiai Amenament	Nov 2018							
3. OFFICE OR POSITION SOUGHT							ICT NUM	IBER
						(If applicable	")	
State Representative					110			
5. PARTY AFFILIATION								
Republican • Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI		Last Name			Suffix
Bob					Godfrey			
7. CANDIDATE RESIDENCE ADDRESS					8. CANDIDATE MAILING ADDRESS (If different)			
Street Address					Address			
13 Stillman Ave								
City		State	Zip Code		City		State	Zip Code
Danbury		СТ	06810 8007)-				
9. CANDIDATE TELEPHONE 10. CAND				E EM	IAIL ADDRESS			
Include Area Code)								
203 778	5127	BobGo	odfrey1	10@	hotmail.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 NA	CANDIDATE NAME						
✓ Initial I Amendment Bob Godfrey	Bob Godfrey						
12. COMMITTEE NAME							
Godfrey 2018							
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address		Email Address					
13 Stillman Ave							
City State Zip Code 06810-			Website				
Danbury	СТ	8007					
16. TREASURER NAME							
First Name		MI	Last Name Suffix				
Joseph			DaSilva Jr				
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address			Address				
18 Washington Ave							
City	State	Zip Code	City	State	Zip Code		
Danbury	CT 06810						
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS				
(Include Area Code)							
203 482 1338 jdasilvajr@gmail.c			om				
21. DEPUTY TREASURER NAME							
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							
Union Savings Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
226 Main Street, Danbury, CT 06810							

EGISTRATION TYPE	CANDIDATE NAME	
/ Initial Amendment	Bob Godfrey	
B. CERTIFICATION		
committee registration this statement include or deputy treasurer h	on statement are true and accurate les my certification to the fact that	ement, that all of the designations set forth in this candidate to the best of my knowledge and belief, and further, that t any individual designated herein to serve as my treasurer nce of my appointment of them to those positions.
Bob Godfrey		05/16/2018
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State or requirements as conflimitations or restrict. I certify that I have purisdiction, any (A) under Title 9 of the oplea or the completic another such felony.	the candidate's designated treasured f Connecticut. I intend to comply ained in Chapter 155 through 157 tions concerning campaign contributions are convicted of or pled guilt felony involving fraud, forgery, I General Statues, or that at least eight of any sentence, whichever date or offense.	res assessed pursuant to Chapters 155 to 157, inclusive. ty or nolo contendere to, in a court of competent arceny, embezzlement or bribery, or (B) criminal offense ght years have elapsed from the date of the conviction or e is later, without a subsequent conviction of or plea to
Commission.	t otherwise barred from serving a	s a treasurer by order of the State Elections Enforcement
Joseph DaSilva Jr		05/16/2018
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as and accept that, in the automatically become that I am an elector in disclosure requirement	the candidate's designated deput- ne event of a vacancy caused by the ne responsible for discharging all on the State of Connecticut. I inter- tents as contained in Chapter 155 th	ement, that I have accepted my appointment by the y treasurer of this candidate committee, and I understand the treasurer's death, incapacity or resignation, I shall to five duties required of the vacating treasurer. I certify and to comply with all the campaign finance registration and through 157 of the General Statutes, and to abide by any impaign contributions and expenditures.
I certify that I have p	oaid any civil penalties or forfeitur	res assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the (felony involving fraud, forgery, le General Statues, or that at least eigen of any sentence, whichever date	by or nolo contendere to, in a court of competent arceny, embezzlement or bribery, or (B) criminal offense ght years have elapsed from the date of the conviction or e is later, without a subsequent conviction of or plea to
I certify that I am no	t otherwise barred from serving a	s a deputy treasurer by order of the State Elections
Enforcement Comm		



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 description of the reported by the committee sponsoring my candidacy. The name of this space of 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 derstall 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** **OR** **OR** **OR** **OR** **DEC FORM 23 **OR** **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)				