### **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)				2. MUNICIPALITY				
✓ Initial   Amendment	Nov 2018				(If applicable)				
3. OFFICE OR POSITION SOUGHT						4. DISTRICT NUMBER			
						(If applicable	2)		
State Senator					006				
5. PARTY AFFILIATION									
✓ Republican Democratic Other (Specify)									
6. CANDIDATE NAME									
First Name			MI		Last Name			Suffix	
Robert				Smedley					
7. CANDIDATE RESIDENCE ADDRESS					8. CANDIDATE MAILING ADDRESS (If different)				
Street Address					Address				
37 Highland Ter									
City		State	Zip Code		City		State	Zip Code	
New Britain		СТ	0605	3					
9. CANDIDATE TELEPHONE 10. CANDIDA			NDIDAT	TE EN	E EMAIL ADDRESS				
Include Area Code)					_				

### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

3628

818

#### (Check one)

860

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

r\_smed2002@yahoo.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 I Amendment Robert C Smed	Robert C Smedley					
12. COMMITTEE NAME						
Smedley4Senate						
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address			Email Address			
37 Highland Ter			r_smed2002@yahoo.com			
City	State	Zip Code 06053	Website			
New Britain		00000	smedley4senate.com			
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Charles		Т	Carey			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
358 Nott St						
City	State	Zip Code	City	State	Zip Code	
Wethersfield	СТ	06109				
19. TREASURER TELEPHONE 20. TREASURER EM			MAIL ADDRESS			
(Include Area Code)						
860 944 8610						
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			SURER EMAIL ADDRESS			
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
TD Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address  Main Chroat Novy Britain						
Main Street New Britain						

REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendmen	Robert C Smedley	
28. CERTIFICATION		
committee registr this statement inc	ation statement are true and ludes my certification to the	alse statement, that all of the designations set forth in this candidate accurate to the best of my knowledge and belief, and further, that fact that any individual designated herein to serve as my treasurer acceptance of my appointment of them to those positions.
Robert C Smedle	ey	05/21/2018
CANDIDATE SIGNATUR	E	DATE (mm/dd/yyyy)
elector in the Stat requirements as colimitations or rest I certify that I have I certify that I have jurisdiction, any ( under Title 9 of the	e of Connecticut. I intend to ontained in Chapter 155 throuse rictions concerning campaig re paid any civil penalties or re not been convicted of or p A) felony involving fraud, for the General Statues, or that at tetion of any sentence, which	ed treasurer of this candidate committee. I certify that I am an o comply with all the campaign finance registration and disclosure ough 157 of the General Statutes, and to abide by any prohibitions, in contributions and expenditures.  forfeitures assessed pursuant to Chapters 155 to 157, inclusive.  led guilty or nolo contendere to, in a court of competent orgery, larceny, embezzlement or bribery, or (B) criminal offense least eight years have elapsed from the date of the conviction or never date is later, without a subsequent conviction of or plea to
Commission.	not otherwise barred from s	erving as a treasurer by order of the State Elections Enforcement
Charles T Carey		05/21/2018
TREASURER SIGNATUR	E	DATE (mm/dd/yyyy)
candidate to serve and accept that, ir automatically bec that I am an electe disclosure require	e as the candidate's designate to the event of a vacancy cause ome responsible for discharger or in the State of Connecticus ments as contained in Chapt	alse statement, that I have accepted my appointment by the ed deputy treasurer of this candidate committee, and I understand sed by the treasurer's death, incapacity or resignation, I shall ging all of the duties required of the vacating treasurer. I certify t. I intend to comply with all the campaign finance registration and ter 155 through 157 of the General Statutes, and to abide by any ming campaign contributions and expenditures.
I certify that I have	e paid any civil penalties or	forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any ( under Title 9 of the	A) felony involving fraud, for the General Statues, or that at tetion of any sentence, which	orgery, larceny, embezzlement or bribery, or (B) criminal offense least eight years have elapsed from the date of the conviction or ever date is later, without a subsequent conviction of or plea to
I certify that I am Enforcement Con		erving as a deputy treasurer by order of the State Elections
DEPUTY TREASURER S	011.50	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 because (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 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 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)			