## **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

### Registration by Candidate

Revised September 2016



		VT~COM							
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY					
✓ Initial   Amendment	Nov 2018			(If app	(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER				
State Representative					(If applicable) 140				
5. PARTY AFFILIATION									
✓ Republican Democratic Other (Specify)									
6. CANDIDATE NAME									
First Name			MI	Last N	lame				Suffix
John			Fly	Flynn					
7. CANDIDATE RESIDENCE ADDRESS				8. C	8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Addre	Address					
27 Quintard Ave									
City		State	Zip Code	City				State	Zip Code
Norwalk		СТ	06854						
9. CANDIDATE TELEPHONE 10. C			. CANDIDATE EMAIL ADDRESS						
(Include Area Code)									

#### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

0840

561

### (Check one)

203

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

clairvoyantcapital@msn.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	John J Flynn							
12. COMMITTEE NAME								
Flynn 2018								
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address				Email Address				
27 Quintard Ave				clairvoyantcapital@msn.com				
City State			Zip Code 06854	Website				
Norwalk		СТ						
16. TREASURER NAME								
First Name			MI	Last Name Suffix				
Susan				Carnes				
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address				Address				
72 Lenox Ave								
City		State	Zip Code	City	State	Zip Code		
Stamford CT		06906						
19. TREASURER TELEPHONE 20. TREASURER E.			EASURER EN	MAIL ADDRESS				
(Include Area Code)								
203 536 8292 sfcarnes@gmail.co			com					
21. DEPUTY TREASURER NA	ME		I. a	Ir ar		To an		
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								
First County Bank								
27. DEPOSITORY INSTITUTION ADDRESS								
Address								
660 Main Avenue, Norwalk, CT 06851								
660 Main Avenue, Norwalk, CT 06851								

**SEEC FORM 1A**Revised September 2016

REGISTRA	ATION TYPE	CANDIDATE NAME
✓ Initial	Amendment	John J Flynn
28. CERTIF	FICATION	
comi this s	mittee registrationstatement includ	rate, under penalties of false statement, that all of the designations set forth in this candidate in statement are true and accurate to the best of my knowledge and belief, and further, that is my certification to the fact that any individual designated herein to serve as my treasurer we indicated to me their acceptance of my appointment of them to those positions.
Joh	ın J Flynn	05/13/2018
CANI	DIDATE SIGNATURE	DATE (mm/dd/yyyy)
Treasurer		
I here cand elect requi	idate to serve as or in the State o rements as cont	ate, under penalties of false statement, that I have accepted my appointment by the the candidate's designated treasurer of this candidate committee. I certify that I am an Connecticut. I intend to comply with all the campaign finance registration and disclosure ined in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ons concerning campaign contributions and expenditures.
I cert	tify that I have p	aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
juriso unde plea anoth I cert	diction, any (A) r Title 9 of the ( or the completion er such felony (	ot been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense eneral Statues, or that at least eight years have elapsed from the date of the conviction or nof any sentence, whichever date is later, without a subsequent conviction of or plea to r offense.  otherwise barred from serving as a treasurer by order of the State Elections Enforcement
Sus	an Carnes	05/18/2018
	SURER SIGNATURE	DATE (mm/dd/yyyy)
Deputy Treasure		
I here cand and a autor that I discl	eby certify and sidate to serve as accept that, in the matically become am an elector is osure requireme	ate, under penalties of false statement, that I have accepted my appointment by the the candidate's designated deputy treasurer of this candidate committee, and I understand event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall responsible for discharging all of the duties required of the vacating treasurer. I certify the State of Connecticut. I intend to comply with all the campaign finance registration and its as contained in Chapter 155 through 157 of the General Statutes, and to abide by any ns or restrictions concerning campaign contributions and expenditures.
I cert	tify that I have p	aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
juriso unde plea	diction, any (A) r Title 9 of the (	be been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense eneral Statues, or that at least eight years have elapsed from the date of the conviction or nof any sentence, whichever date is later, without a subsequent conviction of or plea to r offense.
	tify that I am no	otherwise barred from serving as a deputy treasurer by order of the State Elections sion.
DEPU	TY 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	ON 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	ate of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expenditure and decomy behavioral be amittee sponsoring my candidacy. The name of this sponsor countries 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)