## **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

### Registration by Candidate

Revised September 2016



	PROPERTY CONTINUES			
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)	2. MUNICIPALITY		
		(If applicable)		
Initial	Nov 2018			
3. OFFICE OR POSITION SOUGHT 4. DISTRICT NUMBER				
			(If applicable)	
State Representative			055	
5. PARTY AFFILIATION				
Republican	Democratic · Other	r (Specify) Green Party		
6. CANDIDATE NAME				
First Name	MI	Last Name	Suffix	

#### Α Rob Barstow 7. CANDIDATE RESIDENCE ADDRESS 8. CANDIDATE MAILING ADDRESS (If different) Street Address Address 9 Hemlock Dr City Zip Code State Zip Code State City 06447 Marlborough CT 9. CANDIDATE TELEPHONE 10. CANDIDATE EMAIL ADDRESS (Include Area Code)

#### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

8191

266

#### (Check one)

860

✓ 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.

Rob@Barstow.cx

**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 VI Amendment Rob A Bar	Rob A Barstow							
12. COMMITTEE NAME								
RB for RHAM B								
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & V	VEBSITE				
Address			Email Address					
9 Hemlock Dr City State Zip Code			rob@barstow.cx					
City State			Website					
Marlborough	СТ	06447						
16. TREASURER NAME								
First Name		MI	Last Name Suffix					
Austin		J	Georgiades					
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)					
Street Address			Address					
5 Denler Dr								
City	State	Zip Code	City	State	Zip Code			
Marlborough	СТ	06447						
19. TREASURER TELEPHONE 20. TREASURER EN			EMAIL ADDRESS					
(Include Area Code) 860 918 5921	(Include Area Code) 860 918 5921 Austin.Georgiades@uconn.edu							
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		ASURER EMAIL ADDRESS						
(Include Area Code)								
26. DEPOSITORY INSTITUTION NAME								
Liberty Bank								
27. DEPOSITORY INSTITUTION ADDRESS								
Address								
26 East Hampton Road, Marlborough,	CT 06447							
<u> </u>								

DEPUTY TREASURER SIGNATURE

Revised Sep	otember 2016				
REGISTRA	ATION TYPE	CANDIDATE NAME			
Initial	✓   Amendment	Rob A Barstow			
28. CERTII	FICATION				
this sor de	mittee registrationstatement includ	ate, 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.    O6/21/2018			
cand elect requilimit  I cert I cert jurise unde plea anoth	idate to serve as or in the State of irements as contations or restrict tify that I have putify that I have nudiction, any (A) or Title 9 of the Cor the completion her such felony of	ate, under penalties of false statement, that I have accepted my appointment by the he 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, one concerning campaign contributions and expenditures.  id any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. It been convicted of or pled guilty or nolo contendere to, in a court of competent elony 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 of any sentence, whichever date is later, without a subsequent conviction of or plea to offense.			
Com	mission.				
Aus	tin J Georgiades	06/21/2018			
TREA	SURER SIGNATURE	DATE (mm/dd/yyyy)			
cand and a autor that I discl	eby certify and s idate to serve as accept that, in the matically becom I am an elector in osure requireme	ate, under penalties of false statement, that I have accepted my appointment by the he 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 ts 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 certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.					
juriso unde plea	I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.				
	tify that I am not reement Commi	otherwise barred from serving as a deputy treasurer by order of the State Elections sion.			

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 determy behands be reported by the committee sponsoring my candidacy. The name of this spaces committee is:						
		OR				
B. I am funding my campaign entirely from my own terstall funds and will not request or receive contributions from other individuals or committees and I to derstall that if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be recommittee and for filing francial disclosure statements (SEEC Form 23) according to the same schedule and in the annument of the same as record of treasurers of candidate committees.						
C. I do not intend to receive experiments of one thousand dollars (\$1,000).						
□ 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)				