SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



2. MUNICIPALITY	
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REGISTRATION TYPE 1. ELECTION DAT		ΓE (mm/dd/yyyy)		2. MUNICIPALITY			
				(If applicable)			
✓ Initial Amendment	Nov 2018						
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
					(If applicable)		
State Representative					114		
5. PARTY AFFILIATION							
✓ Republican Democratic Other (S			Other (Speci	cifu)			
republican Democratic Guier (spectfy)							
6. CANDIDATE NAME	6. CANDIDATE NAME						
First Name			MI	Last Name			Suffix
Noel				Rodriguez			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
19 Manila Ave							
City State Woodbridge CT			Zip Code	City		State	Zip Code
		СТ	06525				
9. CANDIDATE TELEPHONE 1			10. CANDIDATE EMAIL ADDRESS				
(Include Area Code)							
	noelr675@yahoo.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





REGISTRATION TYPE CANDIDATE NAME						
✓ Initial Amendment Noel Rodrigue:	Initial I Amendment Noel Rodriguez					
12. COMMITTEE NAME						
NR 18						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address			Email Address			
19 Manila Ave	1					
City	State	Zip Code 06525	Website			
Woodbridge	CT	00020				
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Mary			Puzone			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
29 Clintonville Rd						
City	State	Zip Code	City	State	Zip Code	
Northford	СТ	06472				
19. TREASURER TELEPHONE	ASURER EM	IAIL ADDRESS				
(Include Area Code) 203 640 3093	.com					
21. DEPUTY TREASURER NAME						
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 TREA			URER EMAIL ADDRESS			
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
Sikorsky Credit Union						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
711 Bridgeport Avenue, Shelton, CT 0648	4					

REGISTRATION	TYPE	CANDIDATE NAME	
✓ Initial A	mendment	Noel Rodriguez	
28. CERTIFICAT	ION		
committee this statem	registration	on statement are true and accu	statement, 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.
Noel Roo	Iriguez		05/29/2018
CANDIDATE	SIGNATURE		DATE (mm/dd/yyyy)
elector in the requirement of the limitations of the limitations of the limitations of the limitations of the limitation	the State of the S	f Connecticut. I intend to comained in Chapter 155 through ions concerning campaign conaid any civil penalties or forfet ot been convicted of or pled g felony involving fraud, forger General Statues, or that at least on of any sentence, whichever	easurer of this candidate committee. I certify that I am an apply with all the campaign finance registration and disclosure 157 of the General Statutes, and to abide by any prohibitions, ntributions and expenditures. Entures assessed pursuant to Chapters 155 to 157, inclusive. Equilty or nolo contendere to, in a court of competent ry, larceny, embezzlement or bribery, or (B) criminal offense teight years have elapsed from the date of the conviction or date is later, without a subsequent conviction of or plea to
Commissi	on.	t otherwise barred from servin	g as a treasurer by order of the State Elections Enforcement
Mary Puz			05/29/2018
TREASURER	SIGNATURE		DATE (mm/dd/yyyy)
candidate and accept automatica that I am a disclosure	to serve as that, in thally become n elector in requireme	the candidate's designated de e event of a vacancy caused b e responsible for discharging in the State of Connecticut. I into as contained in Chapter 15	statement, that I have accepted my appointment by the eputy treasurer of this candidate committee, and I understand by the treasurer's death, incapacity or resignation, I shall all of the duties required of the vacating treasurer. I certify intend to comply with all the campaign finance registration and as 5 through 157 of the General Statutes, and to abide by any campaign contributions and expenditures.
I certify th	at I have p	aid any civil penalties or forfe	eitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction under Title	n, any (A) e 9 of the (completion	felony involving fraud, forger General Statues, or that at least on of any sentence, whichever	guilty or nolo contendere to, in a court of competent ry, larceny, embezzlement or bribery, or (B) criminal offense t eight years have elapsed from the date of the conviction or date is later, without a subsequent conviction of or plea to
I certify th Enforceme			g as a deputy treasurer by order of the State Elections
DEPUTY TRE	ASURER 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	12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE						
	I hereby certify that I am exempt from forming a candidate committee because (CHECK ONE)						
poli	A. I am one of a slate of candidates whose campaigns are being funded solely v a toy committee or a political committee formed for a single election or primary and expendit to the determy behandle be reported by the committee sponsoring my candidacy. The name of this sponsoring my candidacy.						
		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)					