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					
State Representative					(If applicable	e)		
5. PARTY AFFILIATION								
Republican	Republican • Democratic Other (Specify)							
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Jose			F	Goncalves				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address			Address					
556 Longhill Ave				9 Ridge Rd				
City		State	Zip Code	City		State	Zip Code	
Shelton		СТ	06484	Stratford		СТ	06614	
9. CANDIDATE TELEPHONE 10. CANI			DIDATE EM	DIDATE EMAIL ADDRESS				
(Include Area Code)								
203 610	3647	jgonca123@aol.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	EGISTRATION TYPE CANDIDATE NAME					
✓ Initial I Amendment Jose F Gor	Jose F Goncalves					
12. COMMITTEE NAME						
Jose Goncalves For State Representative						
13. COMMITTEE ADDRESS		14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address			Email Address			
9 Ridge Rd			jgonca123@aol.com			
City	State	State Zip Code Website 06614				
Stratford	СТ					
16. TREASURER NAME		MI				
	First Name		Last Name Suffi		Suffix	
Timothy	Γimothy D			Bristol Jr		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
9 Ridge Rd						
City	State	Zip Code	City	State	Zip Code	
Stratford	СТ	06614				
19. TREASURER TELEPHONE 20. TREASURER E			MAIL ADDRESS			
(Include Area Code)						
203 751 4161	timfors	shelton@gn	nail.com			
21. DEPUTY TREASURER NAME		_				
First Name		MI	Last Name		Suffix	
Amanda		R	Bristol			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
9 Ridge Rd						
City	State	Zip Code	City	State	Zip Code	
Stratford	СТ	06614				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER			SURER EMAIL ADDRESS			
(Include Area Code)						
203 942 1085	arstur	arsturges@gmail.com				
26. DEPOSITORY INSTITUTION NAME						
TD Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
820 Bridgeport Avenue, Shelton, CT 06484						
				•		

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REGISTRATION TYPE	CANDIDATE NAME		
✓ Initial Amendment	Jose F Goncalves		
28. CERTIFICATION			
committee registration this statement include	tate, 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 are indicated to me their acceptance of my appointment of them to those positions. O5/29/2018		
	2.1.2 (
candidate to serve as elector in the State of requirements as contalimitations or restrict. I certify that I have pure in the state of the completion another such felony of the state of the state of the completion another such felony of the state of t	rate, 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. In any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. In the 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 roffense. Otherwise barred from serving as a treasurer by order of the State Elections Enforcement		
Commission.	other wise our earlier from serving as a treasurer by order of the state Elections Emorecine		
Timothy D Bristol Jr	05/29/2018		
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	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 certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

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.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

Amanda R Bristol	05/30/2018
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/yyyyy)



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 temporal be reported by the committee sponsoring my candidacy. The name of this sponsor 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 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)				