SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	REMEN	VI COMMISS						<u> </u>
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY					
Initial	Nov 2018				(If applicable)			
3. OFFICE OR POSITION SOUGHT						4. DISTRICT NUMBER		
						(If applicable	?)	
State Representative					076			
5. PARTY AFFILIATION								
Republican V Democratic Other (Specify)								
6. CANDIDATE NAME								
irst Name			MI		Last Name Suffix			Suffix
Paul			S		Honig			
. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
treet Address				Address				
71 Town Line Rd								
State State		Zip Cod		City		State	Zip Code	
Harwinton CT		0679	1					

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

0566

(Check one)

(Include Area Code)

860

9. CANDIDATE TELEPHONE

782

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

10. CANDIDATE EMAIL ADDRESS

Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.

phonig@yahoo.com

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 Paul S Honig							
12. COMMITTEE NAME							
Honig 2018							
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address	Email Address						
54 South Rd		paul@honig2018.com					
City		Zip Code 06791	Website				
Harwinton	СТ		www.honig2018.com				
16. TREASURER NAME	•						
First Name		MI	Last Name	Suffix			
Robin			Ruwet Turpin				
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address			Address				
54 South Rd							
City	State	Zip Code	City	State	Zip Code		
Harwinton	СТ	06791					
19. TREASURER TELEPHONE 20. TREASURER E			IAIL ADDRESS				
(Include Area Code)							
828 335 5104 robturpin@yahoo.			com				
21. DEPUTY TREASURER NAME	21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix		
Sharon		В	Farmer				
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)				
Street Address Address							
38 Mine Rd							
City	State	Zip Code 06013	City	State	Zip Code		
Burlington	CT	00013					
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS				
(Include Area Code)							
860 675 7566	sfarmercpa@comcast.net						
26. DEPOSITORY INSTITUTION NAME							
Thomaston Savings Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
160 Litchfield Road, Harwinton, CT 06791							

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REGISTRA	ATION TYPE	CANDIDATE NAME	
Initial	✓ Amendment	Paul S Honig	
28. CERTII	FICATION		
com this s	mittee registrationstatement includ	on statement are true and accurate to the best my certification to the fact that any ind	nat all of the designations set forth in this candidate lest of my knowledge and belief, and further, that lividual designated herein to serve as my treasurer by appointment of them to those positions.
Pau	ul S Honig		12/12/2018
CANI	DIDATE SIGNATURE		DATE (mm/dd/yyyy)
cand elect requilimit I cert I cert jurise unde plea anoth	idate to serve as or in the State of irements as contrations or restrict tify that I have putify that I have nudiction, any (A) or Title 9 of the Correspondence of the completion of the such felony of the such felony of the such felony of the completion of the such felony of the such felony of the completion of the such felony of the	the candidate's designated treasurer of the Connecticut. I intend to comply with all ained in Chapter 155 through 157 of the Connections concerning campaign contributions and any civil penalties or forfeitures assess to been convicted of or pled guilty or not felony involving fraud, forgery, larceny, of General Statues, or that at least eight years not any sentence, whichever date is later or offense.	sed pursuant to Chapters 155 to 157, inclusive. o contendere to, in a court of competent embezzlement or bribery, or (B) criminal offense s have elapsed from the date of the conviction or r, without a subsequent conviction of or plea to
	tify that I am not mission.	otherwise barred from serving as a treas	urer by order of the State Elections Enforcement
Rob	in Ruwet Turpin		12/12/2018
TREA	SURER SIGNATURE		DATE (mm/dd/yyyy)
cand and a autor that I discl	eby certify and sidate to serve as accept that, in the matically becom I am an elector in osure requireme	the candidate's designated deputy treasure e event of a vacancy caused by the treasure responsible for discharging all of the du to the State of Connecticut. I intend to con	nat I have accepted my appointment by the rer of this candidate committee, and I understand rer's death, incapacity or resignation, I shall ties required of the vacating treasurer. I certify mply with all the campaign finance registration and 57 of the General Statutes, and to abide by any contributions and expenditures.

prohibitions, limitations 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.

Sharon B Farmer	12/12/2018
DEPLITY 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)
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 expendit to the decomposition of the 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)