State

CT

Zip Code

06511

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	THE PROPERTY OF THE STATE OF TH				
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/y	(עעע)	2. MUNICIPALITY		
✓ Initial Amendment	Nov 2018		(If applicable)		
3. OFFICE OR POSITION SOUGHT 4. DISTRICT NUMBER					BER
State Representative				(If applicable) 091	
5. PARTY AFFILIATION					
Republican Democratic • Other (Specify) Libertarian Party					
6. CANDIDATE NAME					
First Name		MI	Last Name		Suffix
Gary		J	Walsh		
7. CANDIDATE RESIDENCE	E ADDRESS	8. CANDIDATE MAILING ADDRESS	(If different)		

Address

PO Box 8382

New Haven

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

9737

(Check one)

(Include Area Code)

203

Street Address

Hamden

9. CANDIDATE TELEPHONE

631

City

85 Main St

✓ | 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.

Zip Code

06514

67indian86@gmail.com

10. CANDIDATE EMAIL ADDRESS

State

CT

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 Gary J Walsh						
12. COMMITTEE NAME						
Walsh 4 Hamden						
13. COMMITTEE ADDRESS	13. COMMITTEE ADDRESS 4 WEBSITE					
Address			Email Address			
PO Box 8382						
City	State	Zip Code 06511	Website			
New Haven	СТ					
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Sheila		M	Basquil			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
18 Borghesi Ct						
City	State	Zip Code	City	State	Zip Code	
Wolcott	СТ	. 06716				
19. TREASURER TELEPHONE 20. TREASURE			MAIL ADDRESS			
(Include Area Code)						
860 736 4258 67indian86@gmail			il.com			
21. DEPUTY TREASURER NAME		T. a	I		To or	
First Name		MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address	2 (1) they create	9	
City	State	Zip Code	City	State	Zip Code	
24 DEDITY TOTASIDED TELEDHONE	25 DED	HTV TDFAC	URER EMAIL ADDRESS			
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TRE (Include Area Code)			UKER EMAIL ADDRESS			
26. DEPOSITORY INSTITUTION NAME						
People's United Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
Hamden, CT 06511						
			·			

SEEC FORM 1A Revised September 2016

REGISTRATI	ON TYPE	CANDIDATE NAME		
✓ Initial	Amendment	Gary J Walsh		
8. CERTIFIC	ATION			
commit this star	tee registration	on statement are true and accures my certification to the fact	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.	
Gary	l Walsh		06/28/2018	
CANDIDA	ATE SIGNATURE		DATE (mm/dd/yyyy)	
I certify jurisdic under T plea or another	te to serve as in the State of ments as contons or restrict that I have put that I have retion, any (A) Title 9 of the Completic such felony of the the completic that I have retion, any (A) The such felony of the the completic such felony of the	the candidate's designated tree of Connecticut. I intend to comained in Chapter 155 through ions concerning campaign contaid any civil penalties or forfer of been convicted of or pled general Statues, or that at least on of any sentence, whichever or offense.	estatement, that I have accepted my appointment by the 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, intributions and expenditures. Estatures 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 to eight years have elapsed from the date of the conviction or date is later, without a subsequent conviction of or plea to	
Commi	ssion.		· ·	
Sheila M Basquil TREASURER SIGNATURE			06/28/2018	
	EK SIONATUKE		DATE (mm/dd/yyyy)	
candida and acc automa that I an disclosi	te to serve as ept that, in the tically become an elector in the requirement	the candidate's designated de e event of a vacancy caused by e responsible for discharging and the State of Connecticut. I is not as contained in Chapter 15	statement, that I have accepted my appointment by the puty treasurer of this candidate committee, and I understand y the treasurer's death, incapacity or resignation, I shall all of the duties required of the vacating treasurer. I certify ntend to comply with all the campaign finance registration and 55 through 157 of the General Statutes, and to abide by any campaign contributions and expenditures.	
I certify	that I have p	aid any civil penalties or forfe	eitures assessed pursuant to Chapters 155 to 157, inclusive.	
jurisdic under T plea or	tion, any (A) Title 9 of the (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	
	that I am no ement Comm		g as a deputy treasurer by order of the State Elections	
DEPUTY	ΓREASURER SIGNA	TURF	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)					
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 derstall if I make expenditures exceeding one 1,000) that I shall be reconstructed for filing francial disclosure statements (SEEC Form 23) me schedule and in the annumancer as record of treasurers of candidate committees. **OR** **OR** **OR** **OR** **OR** **DEC FORM 23 **OR** **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)				