### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## **Registration by Candidate**

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd		(עעעי	2. MUNICIPALITY					
✓ Initial   Amendment				(If applicable)				
V Initial   Amendment	Nov 2018							
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NUMBER			
Attorney General					(If applicable)	·)		
5. PARTY AFFILIATION								
Republican	Democratic		Other (Speci	Green Party				
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Peter				Goselin				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
57 Saint James St				PO Box 331235				
City		State	Zip Code	City		State	Zip Code	
West Hartford		СТ	06119	West Hartford		СТ	06110-99	
9. CANDIDATE TELEPHONE 10. CANDIDATE TELEPHONE			ANDIDATE EMAIL ADDRESS					
(Include Area Code)								
860 305	5920	Gosel	in4AG@am	ail.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 (	ISTRATION TYPE CANDIDATE NAME						
✓ Initial   Amendment	Peter Goselin						
12. COMMITTEE NAME							
Goselin 4 Attorney General							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address				Email Address			
PO Box 331235			goselin4ag@gmail.com				
City	State Zip Code		Zip Code <b>06110-</b>	Website			
West Hartford		9998	https://www.facebook.com/goselin4ag				
16. TREASURER NAME							
First Name			MI	Last Name Suffix			
Susan	Susan		D	Goselin			
17. TREASURER RESIDENCE	ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
57 Saint James St			PO Box 331235				
City		State Zip Code		City	State	Zip Code	
West Hartford		CT	06119	West Hartford	СТ	06110-9!	
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS	1			
(Include Area Code)							
860 305 5920	305 5920 Goselin4AG@gmail.com						
21. DEPUTY TREASURER NAM	ME		_				
First Name			MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If different	)		
Street Address				Address			
City		State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS				
(Include Area Code)							
26. DEPOSITORY INSTITUTION	ON NAME						
Webster Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
75 Park Road, West Hartford, CT 06119							
<u> </u>				•	·		

REGISTRATION TYPE	CANDIDATE NAME	
/ Initial   Amendment	Peter Goselin	
3. CERTIFICATION		
committee registration this statement include	state, under penalties of false statement, that all or on statement are true and accurate to the best of n es my certification to the fact that any individual ave indicated to me their acceptance of my appoin	ny knowledge and belief, and further, that designated herein to serve as my treasurer
Peter Goselin		06/25/2018
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State or requirements as contilimitations or restrict.  I certify that I have pure I certify that I have not jurisdiction, any (A) under Title 9 of the Continuous electrons.	tate, under penalties of false statement, that I have the candidate's designated treasurer of this cand a Connecticut. I intend to comply with all the cardined in Chapter 155 through 157 of the General ions concerning campaign contributions and expaid any civil penalties or forfeitures assessed pure of been convicted of or pled guilty or nolo contented felony involving fraud, forgery, larceny, embezz General Statues, or that at least eight years have en of any sentence, whichever date is later, without or offense.	idate committee. I certify that I am an impaign finance registration and disclosure Statutes, and to abide by any prohibitions, enditures.  I suant to Chapters 155 to 157, inclusive.  Indere to, in a court of competent lement or bribery, or (B) criminal offense lapsed from the date of the conviction or
Commission.	otherwise barred from serving as a treasurer by	
Susan D Goselin		07/05/2018
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as and accept that, in th automatically becom that I am an elector in disclosure requireme	tate, under penalties of false statement, that I have the candidate's designated deputy treasurer of the e event of a vacancy caused by the treasurer's de- e responsible for discharging all of the duties req- normal the State of Connecticut. I intend to comply with the state of Connecticut. I intend to comply with the state of Connecticut. I of the duties req- normal to comply with the state of the state	his candidate committee, and I understand ath, incapacity or resignation, I shall quired of the vacating treasurer. I certify ith all the campaign finance registration and the General Statutes, and to abide by any
I certify that I have p	aid any civil penalties or forfeitures assessed pur	rsuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the (	ot been convicted of or pled guilty or nolo contented felony involving fraud, forgery, larceny, embezz General Statues, or that at least eight years have en of any sentence, whichever date is later, without of offense.	lement or bribery, or (B) criminal offense lapsed from the date of the conviction or
I certify that I am not Enforcement Commi	otherwise barred from serving as a deputy treasussion.	urer by order of the State Elections



# **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 because (CHECK ONE)					
poli	A. I am one of a slate of candidates whose campaigns are being funded solely we a town committee or a political committee formed for a single election or primary and expendit to the decomposition of the reported by the committee sponsoring my candidacy. The name of this spaces 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)				