## **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

### Registration by Candidate

Revised September 2016



		VT~COM							
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 Senator						(If applicable	?)		
5. PARTY AFFILIATION									
✓ Republican Democratic Other (Specify)									
6. CANDIDATE NAME									
First Name			MI		Last Name			Suffix	
John A				Rodriguez					
7. CANDIDATE RESIDENCE ADDRESS					8. CANDIDATE MAILING ADDRESS (If different)				
Street Address					Address				
380 East Ave									
City		State	Zip Code		City		State	Zip Code	
Bridgeport		СТ	06610						
9. CANDIDATE TELEPHON	NE .	10. CAN	DIDATE	EM.	AIL ADDRESS				
(Include Area Code)									

### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

4240

200

#### (Check one)

845

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

rodriguezforctsenate@gmail.com

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 CANDIDAT	CANDIDATE NAME						
✓ Initial	John A Rodriguez						
12. COMMITTEE NAME							
Elect J Rod							
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address			Email Address				
380 East Ave			rodriguezforctsenate@gmail.com				
City	State	Zip Code 06610	Website				
Bridgeport	СТ	00010	odriguezforctsenate.com				
16. TREASURER NAME							
First Name		MI	Last Name	Last Name Suffix			
Doreen			Torres				
17. TREASURER RESIDENCE ADDRESS			The state of the s	18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address				
243 Success Park Ct # D			919 Stratford Ave Ste 4				
City	State	Zip Code 06610	City	State	Zip Code		
Bridgeport	СТ	00010	Stratford	СТ	06615		
19. TREASURER TELEPHONE 20. TREASURER EN			EMAIL ADDRESS				
(Include Area Code) 203 612 7580	doree	doreen@rxmygafas.com					
21. DEPUTY TREASURER NAME							
First Name		MI	Last Name		Suffix		
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRES	23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address				
City	State	Zip Code	City	State	Zip Code		
24. DEPUTY TREASURER TELEPHONE	RER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS						
(Include Area Code)							
26. DEPOSITORY INSTITUTION NAME							
Patriot Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address 1755 Black Rock Turnpike, Fairfield, CT 06825							

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8. CERTIFICATION Candidate  I hereby certify and state committee registration this statement includes or deputy treasurer have  John A Rodriguez  CANDIDATE SIGNATURE  Treasurer  I hereby certify and state candidate to serve as the elector in the State of Candidate requirements as contains.	statement are true and accurate to my certification to the fact that are indicated to me their acceptance ate, under penalties of false statement candidate's designated treasures Connecticut. I intend to comply we need in Chapter 155 through 157 or ans concerning campaign contributes.	dent, that all of the designations set forth in this candidate of the best of my knowledge and belief, and further, that my individual designated herein to serve as my treasurer to of my appointment of them to those positions.  Obligation  Obliga
I hereby certify and state committee registration this statement includes or deputy treasurer have a surer CANDIDATE SIGNATURE  Treasurer  I hereby certify and state candidate to serve as the elector in the State of Candidrements as contains.	statement are true and accurate to my certification to the fact that are indicated to me their acceptance ate, under penalties of false statement candidate's designated treasures Connecticut. I intend to comply we need in Chapter 155 through 157 or ans concerning campaign contributes.	o the best of my knowledge and belief, and further, that my individual designated herein to serve as my treasurer to of my appointment of them to those positions.  O8/23/2018  DATE (mm/dd/yyyy)  Tent, that I have accepted my appointment by the rof this candidate committee. I certify that I am an with all the campaign finance registration and disclosure of the General Statutes, and to abide by any prohibitions, tions and expenditures.
I hereby certify and state committee registration this statement includes or deputy treasurer have   John A Rodriguez  CANDIDATE SIGNATURE  Treasurer  I hereby certify and state candidate to serve as the elector in the State of Candidrements as contains.	statement are true and accurate to my certification to the fact that are indicated to me their acceptance ate, under penalties of false statement candidate's designated treasures Connecticut. I intend to comply we need in Chapter 155 through 157 or ans concerning campaign contributes.	o the best of my knowledge and belief, and further, that my individual designated herein to serve as my treasurer to of my appointment of them to those positions.  O8/23/2018  DATE (mm/dd/yyyy)  Tent, that I have accepted my appointment by the rof this candidate committee. I certify that I am an with all the campaign finance registration and disclosure of the General Statutes, and to abide by any prohibitions, tions and expenditures.
Treasurer  I hereby certify and state candidate to serve as the elector in the State of Corequirements as contains.	ne candidate's designated treasurer Connecticut. I intend to comply we ned in Chapter 155 through 157 or ns concerning campaign contribute	DATE (mm/dd/yyyy)  ent, that I have accepted my appointment by the r of this candidate committee. I certify that I am an with all the campaign finance registration and disclosure f the General Statutes, and to abide by any prohibitions, tions and expenditures.
I hereby certify and state candidate to serve as the elector in the State of Crequirements as contains	ne candidate's designated treasurer Connecticut. I intend to comply we ned in Chapter 155 through 157 or ns concerning campaign contribute	ent, that I have accepted my appointment by the r of this candidate committee. I certify that I am an with all the campaign finance registration and disclosure f the General Statutes, and to abide by any prohibitions, tions and expenditures.
I hereby certify and sta candidate to serve as the elector in the State of C requirements as contain	ne candidate's designated treasurer Connecticut. I intend to comply we ned in Chapter 155 through 157 or ns concerning campaign contribute	r of this candidate committee. I certify that I am an with all the campaign finance registration and disclosure f the General Statutes, and to abide by any prohibitions, tions and expenditures.
I certify that I have not jurisdiction, any (A) fe under Title 9 of the Ge	lony involving fraud, forgery, lard neral Statues, or that at least eight of any sentence, whichever date i	or nolo contendere to, in a court of competent ceny, embezzlement or bribery, or (B) criminal offense tyears have elapsed from the date of the conviction or s later, without a subsequent conviction of or plea to
Commission.	therwise barred from serving as a	treasurer by order of the State Elections Enforcement
Doreen Torres		08/23/2018
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as the and accept that, in the automatically become that I am an elector in disclosure requirement	ne candidate's designated deputy to event of a vacancy caused by the tresponsible for discharging all of the State of Connecticut. I intend is as contained in Chapter 155 through	ent, that I have accepted my appointment by the reasurer of this candidate committee, and I understand treasurer's death, incapacity or resignation, I shall the duties required of the vacating treasurer. I certify to comply with all the campaign finance registration and ough 157 of the General Statutes, and to abide by any aign contributions and expenditures.
I certify that I have pai	d any civil penalties or forfeitures	assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) fe under Title 9 of the Ge	lony involving fraud, forgery, lard neral Statues, or that at least eight of any sentence, whichever date i	or nolo contendere to, in a court of competent ceny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or s later, without a subsequent conviction of or plea to
I certify that I am not of Enforcement Commiss		deputy treasurer by order of the State Elections
DEPUTY TREASURER SIGNATU	URE	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 because (CHECK ONE)			
A. I am one of a slate of candidates whose campaigns are being funded soler, y a tow committee or a political committee formed for a single election or primary and expendit to the description of the reported by the committee sponsoring my candidacy. The name of this space of 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)		