SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



Received by SEEC 04/26/2021 11:43 AM

DECICED ATION TYPE	1 ELECTION DAT	TF / /11/	\	2. MUNICIPALITY			
REGISTRATION TYPE	TYPE 1. ELECTION DATE (mm/dd/yyyy)						
✓ Initial Amendment				(If applicable)			
V Illitiai Amendment	Nov 2021 - Sp. Elec -						
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
					(If applicable	?)	
Judge of Probate				040			
5. PARTY AFFILIATION							
Danublian (Danagaratia Other (C. 15)							
Republican • Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name MI			MI	Last Name Suffix			Suffix
Ben D			D	Gettinger			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address				
93 Thompson St			52 Trumbull St				
City		State	Zip Code	City		State	Zip Code
Milford		CT 06460		New Haven		СТ	06510
9. CANDIDATE TELEPHONE		10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
203 824	7696	bgettinger@ltke.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 NAME							
✓ Initial Amendment	Ben D Gettinger						
12. COMMITTEE NAME							
Ben for Probate Judge							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address				Email Address			
93 Thompson St			7: 0.1	bgettinger@ltke.com			
			Zip Code 06460	Website			
Milford CT							
16. TREASURER NAME							
First Name			MI	Last Name Suffix			
Matthew			D	Glennon			
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
22 Crescent Dr							
City		State Zip Code		City	State	Zip Code	
Milford CT			06460				
19. TREASURER TELEPHONE 20. TREASURER 1			ASURER EM	IAIL ADDRESS			
(Include Area Code)							
203 415 0127 Mglennon203@			non203@gn	nail.com			
21. DEPUTY TREASURER NAME							
First Name		MI	Last Name		Suffix		
22. DEPUTY TREASURER RESIDENCE ADDRESS				23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
City		State	Zip Code	City	State	Zip Code	
24 DEDITY TOPACHOED TO	TI EDHONE	25 DED	LITY TDE AC	URER EMAIL ADDRESS			
24. DEPUTY TREASURER TELEPHONE 25. DEPUT (Include Area Code)			UIIIKEAS	URER EMAIL ADDRESS			
26. DEPOSITORY INSTITUTION NAME							
People's United Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
265 Church Street, New Haven, Connecticut 06510							

REGISTRAT	TION TYPE	CANDIDATE NAME	
✓ Initial	Amendment		
		Ben D Gettinger	
28. CERTIFIC	CATION		
I hereb common this sta	ittee registration atement includ	on statement are true and accurate to the best my certification to the fact that any inc	hat all of the designations set forth in this candidate best of my knowledge and belief, and further, that dividual designated herein to serve as my treasurer my appointment of them to those positions.
Ben I	O Gettinger		04/26/2021
CANDIE	OATE SIGNATURE		DATE (mm/dd/yyyy)
Treasurer			
candid elector require	ate to serve as in the State or ements as cont	the candidate's designated treasurer of the Connecticut. I intend to comply with al	hat I have accepted my appointment by the his candidate committee. I certify that I am an I the campaign finance registration and disclosure General Statutes, and to abide by any prohibitions, and expenditures.
I certif	y that I have p	aid any civil penalties or forfeitures asses	ssed pursuant to Chapters 155 to 157, inclusive.
jurisdi under plea or anothe	ction, any (A) Title 9 of the (the completion r such felony () that I am no	General Statues, or that at least eight years on of any sentence, whichever date is later or offense.	o contendere to, in a court of competent embezzlement or bribery, or (B) criminal offense is have elapsed from the date of the conviction or r, without a subsequent conviction of or plea to the urer by order of the State Elections Enforcement
Matth	ew D Glennon		04/26/2021
TREASURER SIGNATURE			DATE (mm/dd/yyyy)
Deputy Treasurer			
candid and ac automa that I a disclos	ate to serve as cept that, in th atically becom am an elector is sure requireme	the candidate's designated deputy treasure event of a vacancy caused by the treasure responsible for discharging all of the dun the State of Connecticut. I intend to con	hat I have accepted my appointment by the rer of this candidate committee, and I understand rer's death, incapacity or resignation, I shall uties required of the vacating treasurer. I certify mply with all the campaign finance registration and 157 of the General Statutes, and to abide by any contributions and expenditures.
I certif	y that I have p	aid any civil penalties or forfeitures asses	ssed pursuant to Chapters 155 to 157, inclusive.
jurisdi under ' plea or	ction, any (A) Title 9 of the C	General Statues, or that at least eight years on of any sentence, whichever date is later	o contendere to, in a court of competent embezzlement or bribery, or (B) criminal offense is have elapsed from the date of the conviction or r, without a subsequent conviction of or plea to
	y that I am no ement Commi		ty treasurer by order of the State Elections
DEPUTY	TREASURER SIGNA	 ATURE	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	12. REASON FOR EXEMPTION 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 compittee or a political committee formed for a single election or primary and expendit to the temporal description of the reported by the committee 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 reconstructed for filing francial 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)				