

# SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised January 2014



REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)	2. OFFICE OR POSITION SOUGHT	3. DISTRICT NUMBER <i>(If applicable)</i>
Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/>	Nov 2014	State Representative	130

**4. PARTY AFFILIATION**

Republican  Democratic  Other *(Specify)* \_\_\_\_\_

**5. CANDIDATE NAME**

First Name	MI	Last Name	Suffix
Ezequiel		Santiago	

6. CANDIDATE RESIDENCE ADDRESS				7. CANDIDATE MAILING ADDRESS <i>(If different)</i>			
Street Address				Address			
City	State	Zip Code		City	State	Zip Code	
991 State St							
Bridgeport	CT	06605					

8. CANDIDATE TELEPHONE	9. CANDIDATE EMAIL ADDRESS
<i>(Include Area Code)</i> 203 550 2352	axxstech@yahoo.com

**10. 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 January 2014



REGISTRATION TYPE		CANDIDATE NAME			
Initial	<input checked="" type="checkbox"/> Amendment	Ezequiel Santiago			
11. COMMITTEE NAME					
E Santiago 14					
12. COMMITTEE ADDRESS			13. & 14. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address 991 State St			Email Address axxstech@yahoo.com		
City Bridgeport	State CT	Zip Code 06605	Website		
15. TREASURER NAME					
First Name Leticia		MI	Last Name Colon		Suffix
16. TREASURER RESIDENCE ADDRESS			17. TREASURER MAILING ADDRESS (If different)		
Street Address 133 Post St			Address		
City Bridgeport	State CT	Zip Code 06610	City	State	Zip Code
18. TREASURER TELEPHONE		19. TREASURER EMAIL ADDRESS			
(Include Area Code) 203 243 1504		Lcolonbpt@gmail.com			
20. DEPUTY TREASURER NAME					
First Name Joshua		MI	Last Name Diaz		Suffix
21. DEPUTY TREASURER RESIDENCE ADDRESS			22. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address 135 Lee Ave			Address		
City Bridgeport	State CT	Zip Code 06605	City	State	Zip Code
23. DEPUTY TREASURER TELEPHONE		24. DEPUTY TREASURER EMAIL ADDRESS			
(Include Area Code) 203 394 7885		joshdiaz86@gmail.com			
25. DEPOSITORY INSTITUTION NAME					
People's United Bank					
26. DEPOSITORY INSTITUTION ADDRESS					
Address 860 Main Street, Bridgeport, CT 06604					

REGISTRATION TYPE	CANDIDATE NAME
Initial <input checked="" type="checkbox"/> Amendment	Ezequiel Santiago

**27. CERTIFICATION**

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

Ezequiel Santiago

07/27/2014

CANDIDATE SIGNATURE

DATE (mm/dd/yyyy)

Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any 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 Statutes, 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 treasurer by order of the State Elections Enforcement Commission.

Leticia Colon

07/27/2014

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any 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 Statutes, 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.

Joshua Diaz

07/27/2014

DEPUTY TREASURER SIGNATURE

DATE (mm/dd/yyyy)

**THIS PAGE INTENTIONALLY LEFT BLANK**

# SEEC FORM 1B

## STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee

Revised January 2014



REGISTRATION TYPE	CANDIDATE NAME
<input type="checkbox"/> Initial <input type="checkbox"/> Amendment	

### 11. REASON FOR EXEMPTION 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 solely by a campaign committee or a political committee formed for a single election or primary and expenditures made on my behalf will be reported by the committee sponsoring my candidacy. The name of this sponsoring committee is:

\_\_\_\_\_

OR

B. I am funding my campaign entirely from my own personal funds and will not request or receive contributions from other individuals or committees and I understand that if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be responsible for filing financial disclosure statements (SEEC Form 23) according to the same schedule and in the same manner as required of treasurers of candidate committees.

OR

C. I do not intend to receive or expend funds in excess of one thousand dollars (\$1,000).

OR

D. I do not intend to receive or expend any funds, including personal funds, for this campaign.

### 12. CERTIFICATION

I hereby certify and state, under penalties of false statement, that this statement of exemption from forming a candidate committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
CANDIDATE SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)