SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



2. MUNICIPALITY

REGISTRATION TYPE	Γ E (mm/dd/y	יציצי)	2. MUNICIPALITY				
✓ Initial Amendment				(If applicable)			
V mittai Amendment	Nov 2016						
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
					(If applicable	e)	
State Representative				125			
5. PARTY AFFILIATION							
Republican — Democratic V Other (Specify) Green Party							
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Hector L			L	Lopez			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)			
Street Address			Address				
208 Jelliff Mill Rd							
City		State	Zip Code	City		State	Zip Code
New Canaan		СТ	06840				
9. CANDIDATE TELEPHON	10. CAN	DIDATE EN	IAIL ADDRESS				
(Include Area Code)							
203 246	1569	hecto	rlopez42@g	gmail.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.

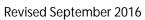
Important Notice: Failure of a candidate to complete this page together with either Form 1A, "Registration of Candidate Committee," or Form 1B "Exemption from Forming a Candidate Committee," within 10 days of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee. See Section 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





REGISTRATION TYPE CANDIDATE NA	AME					
☐ Initial ☐ Amendment						
12. COMMITTEE NAME						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & V	VEBSITE	E	
Address			Email Address			
City	State	Zip Code	Website			
16. TREASURER NAME						
First Name		MI	Last Name		Suffix	
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (Frent)			
Street Address			Address			
City	State	Zip Code	City		Zip Code	
19. TREASURER TELEPHONE	20. TRE	ASURER EM	MAIL ADDRESS			
(Include Area Code)						
21. DEPUTY TREASURER NAME						
First Name		MI	Last N		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDR	RESS		R. DF WATREASURER MAILING ADDRESS	SS (If differe	ent)	
Street Address	0	X				
City	Stan	Zip Code	City	State	Zip Code	
24. DEPUTY TREASUR EPHONE	25.1. A	UTY TREAS	URER EMAIL ADDRESS			
(Include Area Code)						
26. DEPOSIA PY TITUL IN NAME						
27. DEPOSIA RY IN STUTION ADDRESS						
Address			City	tate	Zip Code	

SEEC FORM 1ARevised September 2016

REGISTRATION TYPE CANDIDATE NAME						
☐ Initial	☐ Amendment					
28. CERTIF	ICATION					
Candidate	ICATION					
I here community this so or de	nittee registratio tatement include	state, under penalties of false statement, that all of the designations set forth in this candidate on statement are true and accurate to the best of my knowledge and belief, and further, that es my certification to the fact that any individual designated herein to serve as my treasurer ave indicated to me their acceptance of my appointment of them to those sitions.				
CAND	IDATE SIGNATURE	DATE (IIII)** Svyy)				
I cert jurisd under plea canoth	date to serve as or in the State of rements as contactions or restrict ify that I have p lify that I have n liction, any (A) or Title 9 of the Cor the completioner such felony of that I am not fify that I am not fify that I am not first in the completioner such felony of the that I am not fify that I am not first in the completion if the that I am not first in the completion in the compl	on of any sentence, which ever site is later, without a subsequent conviction of or plea to or offense				
	mission.	DATE (mm/dd/yyyy)				
	\leftarrow	·				
auton that I disclo	or tify d so we will be come am as elector in source requirement.	t under penalties of false statement, that I have accepted my appointment by the candidate's designated deputy treasurer of this candidate committee, and I understand e event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall e responsible for discharging all of the duties required of the vacating treasurer. I certify in the State of Connecticut. I intend to comply with all the campaign finance registration and ints as contained in Chapter 155 through 157 of the General Statutes, and to abide by any one or restrictions concerning campaign contributions and expenditures.				
I cert	ify that I have p	aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.				
jurisd under plea o	liction, any (A) Title 9 of the C	ot been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense General Statues, or that at least eight years have elapsed from the date of the conviction or n of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.				
	ify that I am not reement Commi	otherwise barred from serving as a deputy treasurer by order of the State Elections ssion.				
DEPUT	ΓΥ TREASURER SIGNA	TURE DATE (mm/dd/yyyy)				



SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming



a Candidate Committee Revised September 2016

REGISTRATION TYPE			CANDIDATE NAME			
✓ In	nitial	Amendment	Hector L Lopez			
12. R	12. 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 town 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			
	contri	butions from and dollars (\$1	by campaign entirely from my own personal funds and will not request or receive other individuals or committees and I understand that if I make expenditures exceeding one 1,000) that I shall be responsible for filing financial disclosure statements (SEEC Form 23) me schedule and in the same manner as required of treasurers of candidate committees.			
			OR			
~	C. I o	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.			
13. CERTIFICATION						
	candi		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.			
	He	ctor L Lopez	09/03/2016			
	CANDII	OATE SIGNATURE	DATE (mm/dd/yyyy)			