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 *(If applicable)*
✔ Initial Amendment	Nov 2014	State Representative	130

4. PARTY AFFILIATION

Republican Democratic ✔ Other *(Specify)* Unaffiliated

5. CANDIDATE NAME

First Name	MI	Last Name	Suffix
Joel		Gonzalez	

6. CANDIDATE RESIDENCE ADDRESS			7. CANDIDATE MAILING ADDRESS *(If different)*		
Street Address			Address		
909 Maplewood Ave					
City	State	Zip Code	City	State	Zip Code
Bridgeport	CT	06605			

8. CANDIDATE TELEPHONE *(Include Area Code)*	9. CANDIDATE EMAIL ADDRESS
203 345 9597	joel1964@optonline.net

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 ☐ Amendment	

11. COMMITTEE NAME

12. COMMITTEE ADDRESS			13. & 14. COMMITTEE EMAIL ADDRESS & WEBSITE
Address			Email Address
City	State	Zip Code	Website

15. TREASURER NAME			
First Name	MI	Last Name	Suffix

16. TREASURER RESIDENCE ADDRESS			17. TREASURER MAILING ADDRESS *(If different)*		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code

18. TREASURER TELEPHONE	19. TREASURER EMAIL ADDRESS
(Include Area Code)	

20. DEPUTY TREASURER NAME			
First Name	MI	Last Name	Suffix

21. DEPUTY TREASURER RESIDENCE ADDRESS			22. DEPUTY TREASURER MAILING ADDRESS *(If different)*		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code

23. DEPUTY TREASURER TELEPHONE	24. DEPUTY TREASURER EMAIL ADDRESS
(Include Area Code)	

25. DEPOSITORY INSTITUTION NAME

26. DEPOSITORY INSTITUTION ADDRESS			
Address	City	State	Zip Code

NOT APPLICABLE

REGISTRATION TYPE	CANDIDATE NAME
☐ Initial ☐ Amendment	

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.

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 Statues, 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.

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 Statues, 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.

DEPUTY TREASURER SIGNATURE

DATE (mm/dd/yyyy)

NOT APPLICABLE

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SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION

Certification of Exemption From Forming a Candidate Committee

Revised January 2014

REGISTRATION TYPE	CANDIDATE NAME
✔ Initial Amendment	Joel Gonzalez

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 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

✔ 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.

Joel Gonzalez

CANDIDATE SIGNATURE

08/04/2014

DATE (mm/dd/yyyy)