

# SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



|   |  |                                      |                                    |  |  |                           |          |
|---|--|--------------------------------------|------------------------------------|--|--|---------------------------|----------|
| <b>REGISTRATION TYPE</b>  |  | <b>1. ELECTION DATE</b> (mm/dd/yyyy) |                                    | <b>2. MUNICIPALITY</b>                             |  |                           |          |
| ✓ Initial   Amendment   |  | Nov 2018                             |                                    | (If applicable)                                    |  |                           |          |
| <b>3. OFFICE OR POSITION SOUGHT</b>   |  |                                      |                                    |  |  | <b>4. DISTRICT NUMBER</b> |          |
| State Representative  |  |                                      |                                    |  |  | (If applicable)<br>055    |          |
| <b>5. PARTY AFFILIATION</b>   |  |                                      |                                    |  |  |                           |          |
| Republican      Democratic      ✓ Other (Specify) <u>Green Party</u>  |  |                                      |                                    |  |  |                           |          |
| <b>6. CANDIDATE NAME</b>  |  |                                      |                                    |  |  |                           |          |
| First Name  |  |                                      | MI                                 | Last Name  |  |                           | Suffix   |
| Rob   |  |                                      | A                                  | Barstow  |  |                           |          |
| <b>7. CANDIDATE RESIDENCE ADDRESS</b>   |  |                                      |                                    | <b>8. CANDIDATE MAILING ADDRESS</b> (If different) |  |                           |          |
| Street Address  |  |                                      |                                    | Address  |  |                           |          |
| 9 Hemlock Dr  |  |                                      |                                    |  |  |                           |          |
| City  |  | State                                | Zip Code                           | City   |  | State                     | Zip Code |
| Marlborough   |  | CT                                   | 06447                              |  |  |                           |          |
| <b>9. CANDIDATE TELEPHONE</b>   |  |                                      | <b>10. CANDIDATE EMAIL ADDRESS</b> |  |  |                           |          |
| (Include Area Code)   |  |                                      |                                    |  |  |                           |          |
| 860      266      8191  |  |                                      | Rob@Barstow.cx                     |  |  |                           |          |
| <b>11. DESIGNATION OF CAMPAIGN FUNDING SOURCE</b>   |  |                                      |                                    |  |  |                           |          |
| <b>(Check one)</b>  |  |                                      |                                    |  |  |                           |          |
| ✓   <b>A.</b> I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.  |  |                                      |                                    |  |  |                           |          |
| <i>Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.</i>   |  |                                      |                                    |  |  |                           |          |
| <b>B.</b> I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.   |  |                                      |                                    |  |  |                           |          |
| <i>Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.</i>   |  |                                      |                                    |  |  |                           |          |
| <b>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.</b> |  |                                      |                                    |  |  |                           |          |
| <i>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.</i>   |  |                                      |                                    |  |  |                           |          |

# SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

## Candidate Committee Registration Statement

Revised September 2016



|   |  |                       |  |         |        |          |
|---|--|-----------------------|--|---------|--------|----------|
| <b>REGISTRATION TYPE</b>                      |  | <b>CANDIDATE NAME</b> |  |         |        |          |
| ✓ Initial   Amendment                         |  | Rob A Barstow         |  |         |        |          |
| <b>12. COMMITTEE NAME</b>                     |  |                       |  |         |        |          |
| RB for RHAM B                                 |  |                       |  |         |        |          |
| <b>13. COMMITTEE ADDRESS</b>                  |  |                       | <b>14. &amp; 15. COMMITTEE EMAIL ADDRESS &amp; WEBSITE</b> |         |        |          |
| Address                                       |  |                       | Email Address  |         |        |          |
| 9 Hemlock Dr                                  |  |                       | rob@barstow.cx   |         |        |          |
| City  |  | State                 | Zip Code   | Website |        |          |
| Marlborough                                   |  | CT                    | 06447  |         |        |          |
| <b>16. TREASURER NAME</b>                     |  |                       |  |         |        |          |
| First Name                                    |  | MI                    | Last Name  |         | Suffix |          |
| Joshua  |  | S                     | Kelly  |         |        |          |
| <b>17. TREASURER RESIDENCE ADDRESS</b>        |  |                       | <b>18. TREASURER MAILING ADDRESS (If different)</b>        |         |        |          |
| Street Address                                |  |                       | Address  |         |        |          |
| 70 Oswegatchie Rd                             |  |                       |  |         |        |          |
| City  |  | State                 | Zip Code   | City    | State  | Zip Code |
| Waterford                                     |  | CT                    | 06385  |         |        |          |
| <b>19. TREASURER TELEPHONE</b>                |  |                       | <b>20. TREASURER EMAIL ADDRESS</b>                         |         |        |          |
| <i>(Include Area Code)</i>                    |  |                       |  |         |        |          |
| 860 912 7624                                  |  |                       | joshuasteekelly@gmail.com                                  |         |        |          |
| <b>21. DEPUTY TREASURER NAME</b>              |  |                       |  |         |        |          |
| First Name                                    |  | MI                    | Last Name  |         | Suffix |          |
|   |  |                       |  |         |        |          |
| <b>22. DEPUTY TREASURER RESIDENCE ADDRESS</b> |  |                       | <b>23. DEPUTY TREASURER MAILING ADDRESS (If different)</b> |         |        |          |
| Street Address                                |  |                       | Address  |         |        |          |
|   |  |                       |  |         |        |          |
| City  |  | State                 | Zip Code   | City    | State  | Zip Code |
|   |  |                       |  |         |        |          |
| <b>24. DEPUTY TREASURER TELEPHONE</b>         |  |                       | <b>25. DEPUTY TREASURER EMAIL ADDRESS</b>                  |         |        |          |
| <i>(Include Area Code)</i>                    |  |                       |  |         |        |          |
|   |  |                       |  |         |        |          |
| <b>26. DEPOSITORY INSTITUTION NAME</b>        |  |                       |  |         |        |          |
| Liberty Bank                                  |  |                       |  |         |        |          |
| <b>27. DEPOSITORY INSTITUTION ADDRESS</b>     |  |                       |  |         |        |          |
| Address                                       |  |                       |  |         |        |          |
| 26 East Hampton Road, Marlborough, CT 06447   |  |                       |  |         |        |          |



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# SEEC FORM 1B

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

Revised September 2016



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

### 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

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.

### 13. 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)