

# SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



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|   |  |                                      |                                    |  |                           |        |          |
|---|--|--------------------------------------|------------------------------------|--|---------------------------|--------|----------|
| <b>REGISTRATION TYPE</b>  |  | <b>1. ELECTION DATE</b> (mm/dd/yyyy) |                                    | <b>2. MUNICIPALITY</b>                             |                           |        |          |
| ✓ Initial   Amendment   |  | Nov 2023                             |                                    | (If applicable)<br>New Haven                       |                           |        |          |
| <b>3. OFFICE OR POSITION SOUGHT</b>   |  |                                      |                                    |  | <b>4. DISTRICT NUMBER</b> |        |          |
| Mayor   |  |                                      |                                    |  | (If applicable)           |        |          |
| <b>5. PARTY AFFILIATION</b>   |  |                                      |                                    |  |                           |        |          |
| Republican   ✓ Democratic   Other (Specify) _____   |  |                                      |                                    |  |                           |        |          |
| <b>6. CANDIDATE NAME</b>  |  |                                      |                                    |  |                           |        |          |
| First Name  |  | MI                                   | Last Name                          |  |                           | Suffix |          |
| Shafiq  |  | RF                                   | Abdussabur                         |  |                           |        |          |
| <b>7. CANDIDATE RESIDENCE ADDRESS</b>   |  |                                      |                                    | <b>8. CANDIDATE MAILING ADDRESS</b> (If different) |                           |        |          |
| Street Address  |  |                                      |                                    | Address  |                           |        |          |
| 670 Winthrop Ave  |  |                                      |                                    | PO Box 5049  |                           |        |          |
| City  |  | State                                | Zip Code                           |  | City                      | State  | Zip Code |
| New Haven   |  | CT                                   | 06511                              |  | New Haven                 | CT     | 06525    |
| <b>9. CANDIDATE TELEPHONE</b>   |  |                                      | <b>10. CANDIDATE EMAIL ADDRESS</b> |  |                           |        |          |
| (Include Area Code)   |  |                                      |                                    |  |                           |        |          |
| 203 815 3413  |  |                                      | voteshafiq@gmail.com               |  |                           |        |          |
| <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.  |  |                                      |                                    |  |                           |        |          |
| Go to <b>Form 1A</b> and complete <b>pages 2 and 3</b> — Candidate Registration Statement.  |  |                                      |                                    |  |                           |        |          |
| <b>B.</b> I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.   |  |                                      |                                    |  |                           |        |          |
| Go to <b>Form 1B</b> and complete <b>page 4</b> — Certification of Exemption from Forming a Candidate Committee.  |  |                                      |                                    |  |                           |        |          |
| <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> |  |                                      |                                    |  |                           |        |          |
| 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



|   |  |                       |  |                           |             |
|---|--|-----------------------|--|---------------------------|-------------|
| <b>REGISTRATION TYPE</b>                          |  | <b>CANDIDATE NAME</b> |  |                           |             |
| ✓ Initial   Amendment                             |  | Shafiq RF Abdussabur  |  |                           |             |
| <b>12. COMMITTEE NAME</b>                         |  |                       |  |                           |             |
| Shafiq Abdussabur for Mayor 2023                  |  |                       |  |                           |             |
| <b>13. COMMITTEE ADDRESS</b>                      |  |                       | <b>14. &amp; 15. COMMITTEE EMAIL ADDRESS &amp; WEBSITE</b> |                           |             |
| Address<br>PO Box 5049                            |  |                       | Email Address<br>voteshafiq@gmail.com                      |                           |             |
| City<br>New Haven                                 |  | State<br>CT           | Zip Code<br>06525  | Website<br>voteshafiq.com |             |
| <b>16. TREASURER NAME</b>                         |  |                       |  |                           |             |
| First Name<br>Dana                                |  | MI                    | Last Name<br>Samuel  |                           | Suffix      |
| <b>17. TREASURER RESIDENCE ADDRESS</b>            |  |                       | <b>18. TREASURER MAILING ADDRESS (If different)</b>        |                           |             |
| Street Address<br>425 Norton Pkwy                 |  |                       | Address<br>PO Box 5049                                     |                           |             |
| City<br>New Haven                                 |  | State<br>CT           | Zip Code<br>06511  | City<br>New Haven         | State<br>CT |
| Zip Code<br>06511                                 |  |                       |  |                           |             |
| <b>19. TREASURER TELEPHONE</b>                    |  |                       | <b>20. TREASURER EMAIL ADDRESS</b>                         |                           |             |
| (Include Area Code)<br>203 988 6424               |  |                       | dmsamuel7@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>                  |                           |             |
| (Include Area Code)                               |  |                       |  |                           |             |
| <b>26. DEPOSITORY INSTITUTION NAME</b>            |  |                       |  |                           |             |
| Key Bank  |  |                       |  |                           |             |
| <b>27. DEPOSITORY INSTITUTION ADDRESS</b>         |  |                       |  |                           |             |
| Address<br>195 Church Street, New Haven, CT 06511 |  |                       |  |                           |             |



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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)