

SEEC FORM 1

REGISTRATION BY CANDIDATE

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 3/07

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REGISTRATION TYPE

- INITIAL
 AMENDED

1. ELECTION DATE (mm/dd/yyyy) Nov 2008		2. OFFICE OR POSITION SOUGHT State Representative		3. DISTRICT NUMBER (if applicable) 130	
4. CANDIDATE NAME					
Prefix	First Joel	MI	Last Gonzalez	Suffix	
5. CANDIDATE RESIDENCE ADDRESS			6. CANDIDATE MAILING ADDRESS (if different)		
Street Address 909 MAPLEWOOD AVE			Address		
City BRIDGEPORT	State CT	Zip Code 06605	City	State	Zip Code
7. CANDIDATE TELEPHONE (Include Area Code)			8. CANDIDATE E-MAIL ADDRESS		
(203) 345 — 9597			joel1964@optonline.net		
9. PARTY AFFILIATION					
<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other_					
10. DESIGNATION OF CAMPAIGN FUNDING SOURCE (check one)					
<input checked="" type="checkbox"/> 10a. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement. (Go to Form 1A and complete Candidate Registration Statement)					
<input type="checkbox"/> 10b. 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 Certification of Exemption)					
Important Notice: Failure of a candidate to complete this page together with either Form 1A, "Registration of Candidate Committee", or Form 1B "Certification of 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.					

Notice: 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

REGISTRATION BY CANDIDATE

CANDIDATE COMMITTEE REGISTRATION STATEMENT
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
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CANDIDATE NAME					
Joel Gonzalez					
11. NAME OF COMMITTEE					
Joel Gonzalez For State Rep.					
12. COMMITTEE ADDRESS					
Address 909 MAPLEWOOD AVE		City BRIDGEPORT		State CT	Zip Code 06605
13. COMMITTEE E-MAIL ADDRESS			14. COMMITTEE WEB SITE ADDRESS		
joel1964@optonline.net					
15. TREASURER NAME					
Prefix	First Donie	MI	Last Hankerson	Suffix	
16. TREASURER RESIDENCE ADDRESS			17. TREASURER MAILING ADDRESS (if different)		
Street Address 490 WESTFIELD AVE			Address		
City BRIDGEPORT	State CT	Zip Code 06606	City	State	Zip Code
18. TREASURER TELEPHONE (Include Area Code)		19. TREASURER E-MAIL ADDRESS			
(203) 526 — 2114					
20. DEPUTY TREASURER NAME					
Prefix	First	MI	Last	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 E-MAIL ADDRESS			
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SEEC FORM 1B

REGISTRATION BY CANDIDATE

CERTIFICATION OF EXEMPTION FROM FORMING A

CANDIDATE COMMITTEE

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

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CANDIDATE NAME

11. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE (check one)

I hereby certify that I am exempt from forming a candidate committee because:

11a. 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

11b. I am funding my campaign entirely from my own personal funds and will not request or accept contributions from other individuals or committees and I understand that if I make expenditures exceeding \$1,000 that I shall be responsible for filing financial disclosure statements according to the same schedule and in the same manner as required of treasurers of candidate committees.

OR

11c. I do not intend to receive or expend funds in excess of \$1,000.

11d. 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)

Not Applicable

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