

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised January 2014



Page 1 of 4

REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)	2. OFFICE OR POSITION SOUGHT	3. DISTRICT NUMBER (If applicable)
☒ Initial ☐ Amendment	Nov 2014	State Representative	094
4. PARTY AFFILIATION			
Republican ☒ Democratic ☐ Other (Specify) _____			
5. CANDIDATE NAME			
First Name	MI	Last Name	Suffix
Robyn	A	Porter	
6. CANDIDATE RESIDENCE ADDRESS		7. CANDIDATE MAILING ADDRESS (If different)	
Street Address		Address	
99 Division St			
City	State	Zip Code	City
New Haven	CT	06511-19	
8. CANDIDATE TELEPHONE		9. CANDIDATE EMAIL ADDRESS	
(Include Area Code)			
203 589 8558		robyn4staterep@gmail.com	
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 — <i>Candidate Registration Statement</i> .			
☐ 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 — <i>Certification of Exemption from Forming a Candidate Committee</i> .			
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



Page 2 of 4

REGISTRATION TYPE		CANDIDATE NAME			
☒ Initial	☐ Amendment	Robyn A Porter			
11. COMMITTEE NAME					
Porter2014					
12. COMMITTEE ADDRESS			13. & 14. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address 99 Division St			Email Address robyn4staterep@gmail.com		
City New Haven	State CT	Zip Code 06511-1	Website		
15. TREASURER NAME					
First Name Christine	MI H	Last Name Bartlett-Josie		Suffix	
16. TREASURER RESIDENCE ADDRESS			17. TREASURER MAILING ADDRESS (If different)		
Street Address 1 University Pl			Address		
City New Haven	State CT	Zip Code 06511	City	State	Zip Code
18. TREASURER TELEPHONE		19. TREASURER EMAIL ADDRESS			
(Include Area Code) 203 824 9701		chbjosie44@gmail.com			
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					
Bank of America					
26. DEPOSITORY INSTITUTION ADDRESS					
Address 99 Broadway, New Haven, CT 06511					

REGISTRATION TYPE	CANDIDATE NAME
☒ Initial ☐ Amendment	Robyn A Porter

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.

Robyn A Porter

CANDIDATE SIGNATURE

05/14/2014

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 Statutes, 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.

Christine H Bartlett-Josie

TREASURER SIGNATURE

05/14/2014

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 Statutes, 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)

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