

SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

Exploratory Committee Registration

Revised September 2016



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REGISTRATION TYPE		1. COMMITTEE NAME			
☒ Initial ☐ Amendment		Mamabeargwen2022			
2. SUBTYPE OF EXPLORATORY COMMITTEE <i>(Office(s) being considered—Check one box)</i>					
☐ A. Offices Include Statewide Office & General Assembly Including State Representative ☐ Yes ☐ No Including State Treasurer ☐ Yes ☐ No					
☐ B. Offices Include Statewide Offices Only Including State Treasurer ☐ Yes ☐ No					
☒ C. Offices Include General Assembly Only Including State Representative ☐ Yes ☒ No					
☐ D. Municipal & Other Offices excluding those in Box A, B and C. _____ <i>(Name of municipality—if applicable)</i>					
3. PARTY AFFILIATION					4. ELECTION DATE <i>(mm/dd/yyyy)</i>
☒ Republican ☐ Democrat ☐ Other <i>(Specify)</i> _____					Nov 2022
5. COMMITTEE ADDRESS			6. COMMITTEE EMAIL & WEBSITE		
Address PO Box 4128			Email Address gwenmamabearsamuel@gmail.com		
City Hamden	State CT	Zip Code 06511	Website		
7. CANDIDATE NAME					
First Name Gwen		MI	Last Name Samuel		Suffix
8. CANDIDATE RESIDENCE ADDRESS			9. CANDIDATE MAILING ADDRESS <i>(If different)</i>		
Street Address 53 Vine St Fl 2			Address		
City Meriden	State CT	Zip Code 06451	City	State	Zip Code
10. CANDIDATE TELEPHONE			11. CANDIDATE EMAIL ADDRESS		
<i>(Include Area Code)</i> 203 443 3203			gwendolynsamuel@gmail.com		

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REGISTRATION TYPE		COMMITTEE NAME			
☒ Initial ☐ Amendment		Mamabeargwen2022			
12. TREASURER NAME					
First Name		MI	Last Name		Suffix
Rhonda			Nelson-Sheffield		
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
39 Bassett St					
City	State	Zip Code	City	State	Zip Code
New Haven	CT	06511			
15. TREASURER TELEPHONE		16. TREASURER EMAIL ADDRESS			
<i>(Include Area Code)</i>		n.rhonda43@gmail.com			
203		676		7677	
17. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
20. DEPUTY TREASURER TELEPHONE		21. DEPUTY TREASURER EMAIL ADDRESS			
<i>(Include Area Code)</i>					
22. DEPOSITORY INSTITUTION NAME					
peoples united bank					
23. DEPOSITORY INSTITUTION ADDRESS					
Address					
2331 Dixwell Ave. Hamden, Ct 06514					

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REGISTRATION TYPE	COMMITTEE NAME
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24. CERTIFICATION

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this exploratory 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 such position.

Gwen Samuel

03/12/2022

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 exploratory committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 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.

Rhonda Nelson-Sheffield

03/12/2022

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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REGISTRATION TYPE	COMMITTEE NAME
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24. CERTIFICATION *continued*

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 exploratory 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 to discharge 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 registration and disclosure requirements as contained in Chapter 155 through 157 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)

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.