SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016

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TOWN AND CITY CLERK
BRISTOL, CT

REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)	2. MUNICIPALITY (If applicable)
☒ Initial ☐ Amendment	11/07/2017	

3. OFFICE OR POSITION SOUGHT	4. DISTRICT NUMBER (If applicable)
City Treasurer	

5. PARTY AFFILIATION

☒ Republican ☐ Democratic ☐ Other (Specify) _____

6. CANDIDATE NAME

First Name	MI	Last Name	Suffix
Thomas	O	Barnes	Jr.

7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)		
Street Address			Address		
1922 Perkins St					
City	State	Zip Code	City	State	Zip Code
Bristol	CT	06010			

9. CANDIDATE TELEPHONE (Include Area Code)	10. CANDIDATE EMAIL ADDRESS
860-314-0423	BarnesThomas@sbcglobal.net

11. 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*** *— Candidate Registration Statement.*

☐ **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*** *— Certification of Exemption from Forming a Candidate Committee.*

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 September 2016

REGISTRATION TYPE	CANDIDATE NAME
☒ Initial ☐ Amendment	Thomas O. Barnes Jr.

12. COMMITTEE NAME

Barnes for Treasurer

13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE
Address: 1922 Perkins St			Email Address:
City: Bristol	State: CT	Zip Code: 06010	Website:

16. TREASURER NAME

First Name	MI	Last Name	Suffix
Emily		Barnes	

17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS *(If different)*		
Street Address: 1922 Perkins St			Address:		
City: Bristol	State: CT	Zip Code: 06010	City:	State:	Zip Code:

19. TREASURER TELEPHONE *(Include Area Code)*	20. TREASURER EMAIL ADDRESS
860-314-0423	EmilyBarnes821@gmail.com

21. DEPUTY TREASURER NAME

First Name	MI	Last Name	Suffix

22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS *(If different)*		
Street Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:

24. DEPUTY TREASURER TELEPHONE *(Include Area Code)*	25. DEPUTY TREASURER EMAIL ADDRESS

26. DEPOSITORY INSTITUTION NAME

United Bank

27. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
4 Riverside Avenue	Bristol	CT	06010

REGISTRATION TYPE	CANDIDATE NAME
☒ Initial ☐ Amendment	Thomas O. Barnes Jr.

28. 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.

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 candidate 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 Statues, 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.

TREASURER SIGNATURE

4-13-17

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 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 Statues, 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)