SEEC FORM 1
STATE ELECTIONS ENFORCEMENT COMMISSION
Registration by Candidate
Revised September 2016

REGISTRATION TYPE
○ Initial  ○ Amendment

1. ELECTION DATE (candidacy yyyy)
November 5, 2019

2. MUNICIPALITY
City of Hartford, CT

3. OFFICE OR POSITION SOUGHT
Court of Common Council

4. DISTRICT NUMBER
(If applicable)

5. PARTY AFFILIATION
○ Republican  ○ Democratic  ○ Other (Specify)

6. CANDIDATE NAME
First Name: Theodore  Last Name: Cannon

7. CANDIDATE RESIDENCE ADDRESS
Street Address: 222 Girard Avenue
City: Hartford  State: CT  Zip Code: 06105

8. CANDIDATE MAILING ADDRESS (If different)
Address:

9. CANDIDATE TELEPHONE
860 335 1810

10. CANDIDATE EMAIL ADDRESS
tedtcannon@yahoo.com

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

☐ 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.
Candidate Committee Registration Statement

Revised September 2016

<table>
<thead>
<tr>
<th>REGISTRATION TYPE</th>
<th>CANDIDATE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Initial</td>
<td>Theodore T. Cannon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. COMMITTEE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannon For Council</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. COMMITTEE ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>222 Girard Avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hartford</td>
<td>CT</td>
<td>06105</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. &amp; 15. COMMITTEE EMAIL ADDRESS &amp; WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. TREASURER NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>John</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MI</th>
<th>Last Name</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monacella</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. TREASURER RESIDENCE ADDRESS (include Area Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>100 Wells Street Unit 820</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hartford</td>
<td>CT</td>
<td>06103</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. TREASURER MAILING ADDRESS (if different)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. TREASURER TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>860 278 9321</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. TREASURER EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:jmonacella5522@gmail.com">jmonacella5522@gmail.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21. DEPUTY TREASURER NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MI</th>
<th>Last Name</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. DEPUTY TREASURER RESIDENCE ADDRESS (include Area Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>23. DEPUTY TREASURER MAILING ADDRESS (if different)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24. DEPUTY TREASURER TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Include Area Code)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>25. DEPUTY TREASURER EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>26. DEPOSITORY INSTITUTION NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank of America</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>27. DEPOSITORY INSTITUTION ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>600 Silas Deane Hwy.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wethersfield</td>
<td>CT</td>
<td>06109</td>
</tr>
</tbody>
</table>
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.

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.

Signature

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.

Signature

DATE (mm/dd/yyyy)