

**SEEC FORM 1A**  
**STATE ELECTIONS ENFORCEMENT COMMISSION**  
**Candidate Committee Registration Statement**  
 Revised January 2021



TOWN & CITY CLERK  
 HARTFORD

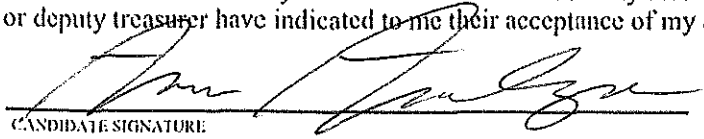
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<b>REGISTRATION TYPE</b>		<b>CANDIDATE NAME</b>			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Arunan Arulampalam			
<b>12. COMMITTEE NAME</b>					
Arunan for Hartford					
<b>13. COMMITTEE ADDRESS</b>			<b>14. &amp; 15. COMMITTEE EMAIL ADDRESS &amp; WEBSITE</b>		
Address 112 Hungerford Street			Email Address luzholmes7@gmail.com		
City Hartford	State CT	Zip Code 06106	Website www.ArunanforHartford.com		
<b>16. TREASURER NAME</b>					
First Name Andrea		MI	Last Name Comer		Suffix
<b>17. TREASURER RESIDENCE ADDRESS</b>			<b>18. TREASURER MAILING ADDRESS (if different)</b>		
Street Address 1 Linden Place			Address		
City Hartford	State CT	Zip Code 06106	City	State	Zip Code
<b>19. TREASURER TELEPHONE</b>		<b>20. TREASURER EMAIL ADDRESS</b>			
(Include Area Code) 860-310-3251		ashdre1@gmail.com			
<b>21. DEPUTY TREASURER NAME</b>					
First Name Thomas		MI J	Last Name Gaudett		Suffix
<b>22. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>23. DEPUTY TREASURER MAILING ADDRESS (if different)</b>		
Street Address 1705 Capital Ave			Address		
City Bridgeport	State CT	Zip Code 06604	City	State	Zip Code
<b>24. DEPUTY TREASURER TELEPHONE</b>		<b>25. DEPUTY TREASURER EMAIL ADDRESS</b>			
(Include Area Code) (203) 338-1759		thomas.gaudett@gmail.com			
<b>26. DEPOSITORY INSTITUTION NAME</b>					
M & T Bank					
<b>27. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 1 Financial Plaza			City Hartford	State CT	Zip Code 06103

REGISTRATION TYPE	CANDIDATE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Arunan Arulampalam

**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

01/03/2023  
DATE (mm/dd/yyyy)

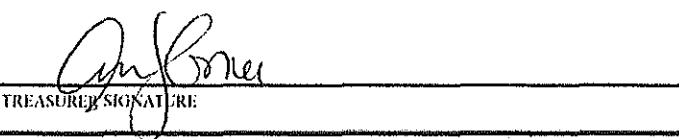
Treasurer

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 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.

  
TREASURER SIGNATURE

01/03/2023  
DATE (mm/dd/yyyy)

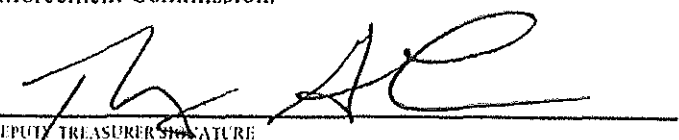
Deputy Treasurer

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 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

01/03/2023  
DATE (mm/dd/yyyy)