Page 1 of 4

SEEC FORM 1
STATE ELECTIONS ENFORCEMENT COMMISSION
Registration by Candidate

Revised January 2021

TOWN & CITY CLERK HARTFORD 2023 JAN 23 AM 10: 23

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REGISTRATION TYPE	REGISTRATION TYPE   1. ELECTION DATE (mm/dd/yyyy)   2			2. MUNICIPALITY		
☑ Initial ☐ Amendm	nt 11/07/2023			(If applicable) Hartford		
3. OFFICE OR POSITION SOUGHT			4. DISTRICT NUMBER			
City Council				(If applicable)		
5. PARTY AFFILIATIO	Y					
□ Republican	☐ Democratic	Σ	d Other (Spec	Working Families Party		
6. CANDIDATE NAME						
First Name			MI	Last Name		Suffix
Josh				Michtom		
7. CANDIDATE RESIDE	NCE ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)	
Street Address				Address		
135 Madison Aven	ue					
City		State	Zip Code	City	State	Zip Code
Hartford		СТ	06106			
9. CANDIDATE TELEPI	IONE	10. CAI	NDIDATE EM	AAIL ADDRESS		
(Include Area Code) 860-469-5674	Michtom@gmail.com					
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 Fo	rm 1A and complete	pages 2	and 3 — Ce	andidate 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 <i>together with</i> either Form 1A, "Registration of Candidate Committee," <i>or</i> 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				ou to criminal penalties, including but including but in of up to two thousand dollars, or both		

## SEEC FORM 1A STATE ELECTIONS ENFORCEMENT COMMISSION Candidate Committee Registration Statement





REGISTRATION TYPE	CANDIDATE NAMI	E				
☑ Initial ☐ Amendment	Josh Michtom					
12. COMMITTEE NAME						
Josh for Hartford		_				
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS &	WEBSITE	i.
Address				Email Address		
27 Ellington St.				joshparahartford@gmail.com		
City	Stat	ate	Zip Code	Website		
Hartford	C.	:т	06106			
16. TREASURER NAME						
First Name			MI	Last Name		Suffix
Camryn				Kessler		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (1) diffe	rent)		
Street Address		<del></del>		Address		
73 Imlay St						
City	State		Zip Code	City	State	Zip Code
Hartford	0	CT	06105			
19. TREASURER TELEPHON	TE 20	0. TRE	ASURER EM	AIL ADDRESS		
(Include Area Code)						
860-519-8830 Camryn.kess			mryn.kessl	er@gmail.com		
21. DEPUTY TREASURER NA	AME .					
First Name			MI	Last Name		Suffix
Erica				Byrne		
22. DEPUTY TREASURER RE	ESIDENCE ADDRESS	s		23. DEPUTY TREASURER MAILING ADDR	ESS (If differe	nt)
Street Address				Address		
28 Park Ave						
City	State	te :	Zip Code	City	State	Zip Code
Windsor	C.	т	06095	•		
24. DEPUTY TREASURER TE	ELEPHONE 25	5. DEPU	JTY TREAS	URER EMAIL ADDRESS		<u> </u>
(Include Area Code)						
860-833-8544		er	ricarbyrne@	Dgmail.com		
26. DEPOSITORY INSTITUTI	ION NAME					
Bank of America						
27. DEPOSITORY INSTITUTI	ION ADDRESS					
Address				City	State	Zip Code
70 Farmington Ave				Hartford	CT	06105

Revised January	<sup>,</sup> 2021	
REGISTRA	TION TYPE	CANDIDATE NAME
☑ Initial	☐ Amendment	Josh Michtom
28. CERTIF	ICATION	
Candidate		
comr this s or de	nittee registratio tatement includ	state, under penalties of false statement, that all of the designations set forth in this candidate on statement are true and accurate to the best of my knowledge and belief, and further, that es my certification to the fact that any individual designated herein to serve as my treasurer ave indicated to me their acceptance of my appointment of them to those positions.
Treasurer	/	~~~~ ((iii ~~)))))
candi electo requi limita I cert Juriso under plea c anoth	date to serve as or in the State of rements as contactions or restrict ify that I have position, any (A). Title 9 of the Cor the completion er such felony of	
	ify that I am not nission.	otherwise barred from serving as a treasurer by order of the State Elections Enforcement
TREAS	SURER SIGNATURE	DATE (mm/dd/yyyy)
candi and a auton	by certify and s date to serve as ccept that, in the natically become	tate, under penalties of false statement, that I have accepted my appointment by the the candidate's designated deputy treasurer of this candidate committee, and I understand event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall be responsible for discharging all of the duties required of the vacating treasurer. I certify a 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

