

SEEC FORM CEP 16

Citizens' Election Program-Supplemental Grant Request
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 8/08

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CITIZENS' ELECTION PROGRAM SUPPLEMENTAL GRANT REQUEST

General Assembly Candidates - 2008 Elections

This form is intended for use by a candidate participating in the Citizens' Election Program, their treasurer, deputy treasurer or their designated attorney. The participating candidate must have received a grant from the Program and the request must meet the conditions below.

Section A. Identifying Information

1. ELECTION DATE (mm/dd/yyyy)	2. OFFICE SOUGHT	3. DISTRICT NUMBER
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4. CANDIDATE COMMITTEE NAME

5. TITLE OF INDIVIDUAL MAKING REQUEST (Check One)		
<input type="checkbox"/> Participating Candidate	<input type="checkbox"/> Deputy Treasurer	<input type="checkbox"/> Other Campaign Worker
<input type="checkbox"/> Treasurer	<input type="checkbox"/> Attorney for Participating Candidate	

6. NAME OF INDIVIDUAL MAKING REQUEST				
Prefix	First	MI	Last	Suffix

7. RESIDENCE ADDRESS			8. MAILING ADDRESS (if different)		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code

9. TELEPHONE (Include Area Code)	10. E-MAIL ADDRESS
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11. NAME OF INDIVIDUAL OR COMMITTEE ALLEGED TO HAVE FAILED TO REPORT (9-713)
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12. OFFICE SOUGHT	13. DISTRICT NUMBER
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Conditions for Request:

- General Statutes section 9-713
Committee asserts that an opponent in their race received contributions, loans or other funds or made or incurred expenditures exceeding 100%, 125%, or 175% of the participating candidate's applicable expenditure limit;

OR

- General Statutes section 9-714
Committee asserts that an individual has made expenditures targeting the participating candidate's defeat.

Notice: A copy of this completed form will be provided to the opponent alleged to have failed to report excess receipts or expenditures, or to the individual who allegedly failed to report an independent expenditure targeting the defeat of the participating candidate.

This form may not be used to allege any other violation of Connecticut Campaign Finance Laws.

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Section B. Affidavit for Supplemental Grant Request

I, _____, am a resident of _____,
Print Name of Complainant Print Complainant's Street Address

Town/City of _____, State of _____;
Print Town or City Name Print State & Zip Code

and my Telephone Number is _____.
Print Phone Number

I hereby assert that the _____ is entitled to a supplemental grant
Print Name of Candidate Committee

under the Citizens' Election Program for the foregoing reasons:

DESCRIBE FACTS AND ATTACH DOCUMENTARY SUPPORT, IF AVAILABLE, TO THIS FORM.
Additional pages may be attached as needed.

I solemnly swear (or affirm) that the above statement is true and complete to the best of my knowledge and belief.

Dated this _____ day of _____, 2008 at _____.

Signed: _____

Oath Administered By: _____

Title: _____

Note: This oath may be administered by anyone authorized by Section 1-24 of the Connecticut General Statutes, which includes notaries public, justices of the peace, town clerks and assistant town clerks, judges and clerks of any court, and attorneys who are Commissioner of the Superior Court of Connecticut.

Notice: Making a false statement on this form may subject you to criminal penalties, including, but not limited to, imprisonment, a fine, or both.