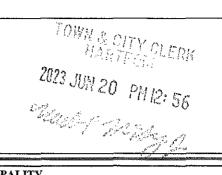
SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised January 2021





REGISTRATION TYPE	1. ELECTION DATE (num/dd/yyyy)		<i>(</i> 9333)	2. MUNICIPALITY				
				(If applicable)				
Omitial Omendment November 7, 2023			Hartford					
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
			,,,,		(If applicabl	le)		
City Council							•	
5. PARTY AFFILIATION								
O Republican O Democratic Other (Specify) The Hartford Party								
6. CANDIDATE NAME					<u> </u>	***************************************	 	
First Name	rst Name			Last Name Suffix			Suffix	
John	lohn		Q ·	Gale				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address	-	-		
6 Cone Street								
City		State	Zip Code	City		State	Zip Code	
Hartford		СТ	06105					
9. CANDIDATE TELEPHONE 10. CANDIDATE			NDIDATE E	MAIL ADDRESS	,	J		
(Include Area Codei								
860-416-5959		johnqgale@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.								
Conta Forma 1 A and complete many 2 and 2								
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 ${f Form 1B}$ 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,

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement Revised January 2021





REGISTRATION TYPE	CANDIDATE NAME						
	John Q. Gale						
12. COMMITTEE NAME							
John Gale 2023							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address				Email Address			
363 Main Street			johnqgale@gmail.com				
		State	Zip Code	Website	÷.		
Hartford		СТ	06106	www.johngale2023.com			
16. TREASURER NAME	The training of the same of th						
First Name			MI	Last Name	Suffix		
Joseph			Α	Gallant			
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address	•		
16 Bass Lake Road							
City		State	Zip Code	City	State	Zip Code	
Amston		СТ	06231				
19. TREASURER TELEPHONE 20. TREASURER EN			CASURER EM	IAIL ADDRESS			
(Include Area Code)							
(860) 930-7444 joejag@comcast.ne			†				
21. DEPUTY TREASURER NA	ME		1			T	
First Name			MI	Last Name		Suffix	
Tracy			T	Gale			
				23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
Street Address			Address				
6 Cone Street			·		<u>.</u>		
City.				City	State	Zip Code	
Hartford		CT	06105				
4. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASU			URER EMAIL ADDRESS				
(Include Area Code)							
360-249-9464 tracytgale@gmail.com							
26. DEPOSITORY INSTITUTION	ON NAME						
Berkshire Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address				City	State	Zip Code	
763 Farmington Avenue			Farmington	CT	06032		

Revised January 2021	i age o ui 4
REGISTRATION TYPE	CANDIDATE NAME
Initial Amendment	John Q. Gale
28. CERTIFICATION	
committee registration this statement include or deputy treasurer h	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.
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)
candidate to serve as elector in the State o requirements as cont	tate, under penalties of false statement, that I have accepted my appointment by the the candidate's designated treasurer of this candidate committee. I certify that I am an Connecticut. I intend to comply with all the campaign finance registration and disclosure ained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ions concerning campaign contributions and expenditures.
I certify that I have p	aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the (plea or the completion another such felony of	ot been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense General Statues, or that at least eight years have elapsed from the date of the conviction or nof any sentence, whichever date is later, without a subsequent conviction of or plea to or offense. To otherwise barred from serving as a treasurer by order of the State Elections Enforcement of the St
candidate to serve as and accept that, in the automatically become that I am an elector in disclosure requirement prohibitions, limitation I certify that I have pure I certify that I have not jurisdiction, any (A) the under Title 9 of the Graplea or the completion another such felony of I certify that I am not	otherwise barred from serving as a deputy treasurer by order of the State Elections
Enforcement Commis	6N 6.19.23