# **AFFIDAVIT OF COMPLAINT**

STATE ELECTIONS ENFORCEMENT COMMISSION Revised July 2012

This Space For Official Use Only



### Please complete this form to the fullest extent possible.

The following sections are required and **must be completed in full**:

I. Identity of Complainant(s)—page 1 | III. Violation(s) Alleged—page 3 | VI. Certification—page 6

I. II	DEN'	TITY OF	COMPLAINANT	Γ(S)			
COMPLAINANT'S NAME							
First Name		MI	Last Name				Suffix
COMPLAINANT'S STREET ADDRESS							
Address							
City					State	Zip C	ode
COMPLAINANT'S TELEPHONE NUMBER							
Home	Work			Cell			
COMPLAINANT'S EMAIL ADDRESS							
						_	
COMPLAINANT'S NAME						ı	
First Name		MI	Last Name				Suffix
COMPLAINANT'S STREET ADDRESS							
Address							
City					State	Zip C	ode
COMDI AINANTS TEI EDHONE NUMDED							
COMPLAINANT'S TELEPHONE NUMBER Home	Work			Cell			
COMPLAINANT'S EMAIL ADDRESS							
COMPLAINANT'S NAME							
First Name		MI	Last Name				Suffix
COMPLAINANT'S STREET ADDRESS							
Address							
City					State	Zip C	ode
COMPLAINANT'S TELEPHONE NUMBER							
Home	Work			Cell			
COMPLAINANT'S EMAIL ADDRESS							

II. IDENTITY OF RESPONDENT(S)								
RESPONDENT'S NAME (If known; otherwise write "unknown")								
First Name		MI	Last Name					Suffix
RESPONDENT'S STREET ADDRESS (If known)								
Address								
City						State	Zip C	ode
RESPONDENT'S TELEPHONE NUMBER (If kn	own)							
	Work			Cell				
RESPONDENT'S EMAIL ADDRESS (If known)					STATUTE(S) V	/IOLATE	<b>D</b> (If	known)
					§			,
RESPONDENT'S NAME (If known, otherwise write	"unknow	vn ")						
First Name		MI	Last Name					Suffix
RESPONDENT'S STREET ADDRESS (If known)								
Address								
City						State	Zip Co	ode
RESPONDENT'S TELEPHONE NUMBER (If kn	own)							
Home	Work			Cell				
RESPONDENT'S EMAIL ADDRESS (If known)					STATUTE(S) V	/IOLATE	<b>D</b> (If	known)
				§				
RESPONDENT'S NAME (If known, otherwise write	"unknov	vn'')						
First Name		MI	Last Name					Suffix
RESPONDENT'S STREET ADDRESS (If known)								
Address								
City						State	Zip C	ode
RESPONDENT'S TELEPHONE NUMBER (If kn	own)							
	Work			Cell				
RESPONDENT'S EMAIL ADDRESS (If known) STATUTE(S) VIOLATED (If known)				known)				
§								
Copy and attach page(s) for additional respondents if necessary. Please check "See attached Additional Respondent List" and list the number of pages.								
See attached Additional Respondent List pages								

III. VIOLATION(S) ALLEGED					
DATE(S) OF ALLEGED VIOLATION(S) (If known)					
CONCISE STATEMENT OF FACTS					
Please be as specific as possible with regard to time, place, and the individual(s) taking actions or failing to act, and in describing their actions as well as other witnesses or persons involved. If applicable, please clearly refer to the names of identified respondents, witnesses, and attached evidence (e.g., See Evidentiary Attachment B.). If you have identified more than one respondent, please identify which respondent is alleged to have committed which action and which specific alleged violation of the statutes.					
If you are unable to provide the specific identity of any witnesses in the following "Witnesses" section, please provide as much identifying information as possible in the below "Concise Statement of Facts."					
The respondent(s) allegedly violated the law as follows:					
Use attached page(s) for additional statement of facts if necessary.					
Please check "See attached Additional Statement of Facts" and list the number of pages.					
See attached Additional Statement of Facts pages					



## ADDITIONAL STATEMENT OF FACTS

Page \_\_\_\_\_ of \_\_\_\_

CONCISE STATEMENT OF FACTS continued	

# AFFIDAVIT OF COMPLAINT STATE ELECTIONS ENFORCEMENT COMMISSION Revised July 2012

IV. WITNESSES					
WITNESS'S NAME (If known)					
First Name	MI	Last Name			Suffix
WITNESS'S STREET ADDRESS (If known)					
Address					
City				State 2	Zip Code
WITNESS'S TELEPHONE NUMBER (If known)					
Home Work			Cell		
WITNESS'S EMAIL ADDRESS (If known)					
WITNESS'S NAME (If known)					
First Name	MI	Last Name			Suffix
WITNESS'S STREET ADDRESS (If known)					
Address					
City				State 2	Zip Code
WITNESS'S TELEPHONE NUMBER (If known)					
Home Work			Cell		
WITNESS'S EMAIL ADDRESS (If known)					
WITNESS'S NAME (If known)					
First Name	MI	Last Name			Suffix
WITNESS'S STREET ADDRESS (If known)					•
Address					
City				State 2	Zip Code
WITNESS'S TELEPHONE NUMBER (If known)					
Home Work			Cell		
WITNESS'S EMAIL ADDRESS (If known)					
Copy and attach page(s) for additional witnesses if necessary. Please check "See attached Additional Witness List" and list the number of pages.					
		Additional Witness List pa		J	

### V. EVIDENCE

#### ATTACHED DOCUMENTARY OR REAL EVIDENCE

Please identify each attachment by **number of pages**, **title**, **author** and **date** if applicable. Records not identified as attachments shall not be considered a part of the complaint. Please do not provide a website listing as evidence, as this information is subject to change. If you wish to provide Internet or other video or audio communications as evidence, please provide a printed or electronic copy, as appropriate, and list it as an exhibit.

Under "**How Acquired**" please identify your source for the evidence (e.g., delivery from an individual, Internet website, public flyer location). If the source is an individual, please identify the individual in the witness list. If the source is a publication, such as a newspaper, please identify the publication's name and date of the publication.

EVIDENTIARY ATTACHMENT				
Title Number of Pages				
		C		
	Date of Public	i.		
Author	Date of Public	cation		
How Acquired	Date Acquire	d		
EVIDENTIA DV. ATT A CHIMENIT				
EVIDENTIARY ATTACHMENT Title		Number of Pages		
Title		Number of Pages		
Author	Date of Public	cation		
How Acquired	Date Acquire	d		
EVIDENTIARY ATTACHMENT				
Title		Number of Pages		
Author	Date of Publi	cation		
How Acquired	Date Acquire	d		
Town required	Date / require			
EVIDENTIARY ATTACHMENT				
Title		Number of Pages		
Author	Date of Public	cation		
	D	1		
How Acquired	Date Acquire	a		
Copy and attach page(s) for additional evidence if necessary.				
Please check "See attached Additional Evidence List" and list the number of pages.				
See attached Additional Evidence List pages				
Number of Pages				

### VI. CERTIFICATION

1) Each Complainant must sign a separate page and each signature must be separately certified. This complaint will not be considered filed without the name, address, and original **certified** signature of at least one Complainant. Mail or hand-deliver this complaint to:

State Elections Enforcement Commission 20 Trinity Street, Suite 101 Hartford, CT 06106

- 2) Once filed, this complaint may not be withdrawn by the Complainant(s) except by a vote of the State Elections Enforcement Commission.
- I am aware that criminal penalties may be imposed upon any Complainant who, under penalty of false statement, knowingly files a false complaint.
- 4) The State Elections Enforcement Commission's investigation of a complaint is confidential unless and until the State Elections Enforcement Commission votes to authorize an investigation of a complaint. Until such a vote, neither the Commission nor its staff will release or confirm any information about the complaint except upon written request of a treasurer, deputy treasurer, chairperson or candidate affiliated with a committee that is the subject of the complaint or preliminary investigation.

Guides to the elections laws are available at <a href="http://www.ct.gov/seec">http://www.ct.gov/seec</a> Connecticut General Statutes are available at <a href="http://www.cga.ct.gov">http://www.cga.ct.gov</a>

CERTIFICATION	TION
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I solemnly swear (or affirm) that the above statement is true and accurate to the best of my knowledge and belief.					
COMPLAINANT'S SIGNATURE	DATE (mm/dd/yyyy)				
Sworn and subscribed before me on thisday of _	, 20 Seal				
SIGNATURE OF PERSON ADMINISTERING THE OATH	NAME OF PERSON ADMINISTERING THE OATH (Please Print)				
TITLE OF PERSON ADMINISTERING THE OATH					

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 Commissioners of the Superior Court of Connecticut.

