SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



		VT~COM	L]	
REGISTRATION TYPE	RATION TYPE 1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY				
✓ Initial Amendment	Nov 2016				(If applicable)				
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NUMBER				
						(If applicable	2)		
State Representative					066				
5. PARTY AFFILIATION									
✓ Republican Democratic Other (Specify)									
6. CANDIDATE NAME									
First Name			MI		Last Name			Suffix	
David			Т		Wilson				
7. CANDIDATE RESIDENCE ADDRESS					8. CANDIDATE MAILING ADDRESS (If different)				
Street Address					Address				
42 Wheeler Rd									
City		State	Zip Cod		City		State	Zip Code	
Litchfield		СТ	0675	9					
9. CANDIDATE TELEPHONE			10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)	-								

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

7245

482

(Check one)

860

✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.

dtwilson@snet.net

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 *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, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement

Revised September 2016



Melissa	REGISTRATION TYPE CANDIDATE NAME						
David T Wilson For 66Th	✓ Initial I Amendment David T Wilson	David T Wilson					
14. & 15. COMMITTEE ADDRESS	12. COMMITTEE NAME						
Freeling Address Freeling Address Freeling Address City State Zip Code O6759 Website CT O7759	David T Wilson For 66Th						
A2 Wheeler Rd	13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
State Zip Code Of 759							
Litchfield		1					
16. TREASURER NAME	City	State		Website			
First Name Melissa J Corey 17. TREASURER RESIDENCE ADDRESS Statet Address Address Address 18. TREASURER MAILING ADDRESS (If different) Address Address 19. TREASURER MAILING ADDRESS (If different) State Zip Code O6756 City State Zip Code O6756 CT O6759 CT O6759 O675	Litchfield	CT	00700				
Melissa	16. TREASURER NAME						
17. TREASURER RESIDENCE ADDRESS 18. TREASURER MAILING ADDRESS (If different)	First Name		MI	Last Name Suffix			
Address	Melissa		J	Corey			
31 Milton Rd				18. TREASURER MAILING ADDRESS (If different)			
State Zip Code O6756 City O6759 City O7750 City				Address			
CT	31 Milton Rd						
19. TREASURER TELEPHONE 20. TREASURER EMAIL ADDRESS 1860 618 3122 melissacorey@optonline.net	City	State		City	State	Zip Code	
Machine Area Code Ref	Goshen	СТ	06756				
### Page		ASURER EM	IAIL ADDRESS				
21. DEPUTY TREASURER NAME First Name Janet MI Magnifico 22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address 126 Headquarters Rd City Litchfield CT 25. DEPUTY TREASURER MAILING ADDRESS (If different) Address City Litchfield CT CT City State City CT City State City CT City State City CT City State City State City CT City State City CT City State City CT City City CT City City City City City City City Cit	(Include Area Code)						
First Name Janet MI Magnifico 22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address 126 Headquarters Rd City Litchfield CT State CT	860 618 3122 melissacorey@c			tonline.net			
Janet M Magnifico 22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address Address 126 Headquarters Rd City State Zip Code O6759 CT O6759 CT O6759 24. DEPUTY TREASURER TELEPHONE (Include Area Code) 860 567 4127 26. DEPOSITORY INSTITUTION NAME Litchfield Bancorp 27. DEPOSITORY INSTITUTION ADDRESS Address	21. DEPUTY TREASURER NAME		l v a	Tr. ov		l a m	
22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address 126 Headquarters Rd City State Zip Code O6759 Litchfield CT 25. DEPUTY TREASURER MAILING ADDRESS (If different) State Zip Code O6759 CT 24. DEPUTY TREASURER TELEPHONE (Include Area Code) 860 567 4127 jmagbus@optonline.net 26. DEPOSITORY INSTITUTION NAME Litchfield Bancorp 27. DEPOSITORY INSTITUTION ADDRESS Address						Suffix	
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City Litchfield CT State City 06759 Cit		Address					
Litchfield CT 06759 24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS (Include Area Code)	·				I <u>-</u>		
Litchfield CT 24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS (Include Area Code) 860 567 4127 jmagbus@optonline.net 26. DEPOSITORY INSTITUTION NAME Litchfield Bancorp 27. DEPOSITORY INSTITUTION ADDRESS Address	City	State		City	State	Zip Code	
(Include Area Code) 860 567 4127 jmagbus@optonline.net 26. DEPOSITORY INSTITUTION NAME Litchfield Bancorp 27. DEPOSITORY INSTITUTION ADDRESS Address	Litchfield	CT	00700				
860 567 4127 jmagbus@optonline.net 26. DEPOSITORY INSTITUTION NAME Litchfield Bancorp 27. DEPOSITORY INSTITUTION ADDRESS Address	24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER			URER EMAIL ADDRESS			
26. DEPOSITORY INSTITUTION NAME Litchfield Bancorp 27. DEPOSITORY INSTITUTION ADDRESS Address	(Include Area Code)		6 . I				
Litchfield Bancorp 27. DEPOSITORY INSTITUTION ADDRESS Address	860 567 4127	jmagbus@optonline.net					
27. DEPOSITORY INSTITUTION ADDRESS Address	26. DEPOSITORY INSTITUTION NAME						
Address	Litchfield Bancorp						
	27. DEPOSITORY INSTITUTION ADDRESS						
294 West Street Litchfield CT 06759							
20 1 1100t 0t100t, Ettorillold, 0 1 00100							

SEEC FORM 1A Revised September 2016

Janet M Magnifico

DEPUTY TREASURER SIGNATURE

Revised Sep	otember 2016		
REGISTRA	ATION TYPE	CANDIDATE NAME	
Initial	Amendment	David T Wilson	
28. CERTIF	ICATION		
comments or de	nittee registration tatement includ	on statement are true and accurate es my certification to the fact that	ment, that all of the designations set forth in this candidate to the best of my knowledge and belief, and further, that any individual designated herein to serve as my treasurer ace of my appointment of them to those positions. O1/14/2016 DATE (mm/dd/yyyy)
Treasurer			
I here candi electo requi	date to serve as or in the State or rements as cont	the candidate's designated treasur f Connecticut. I intend to comply	ment, that I have accepted my appointment by the rer of this candidate committee. I certify that I am an with all the campaign finance registration and disclosure of the General Statutes, and to abide by any prohibitions, outions and expenditures.
I cert	ify that I have p	aid any civil penalties or forfeiture	es assessed pursuant to Chapters 155 to 157, inclusive.
juriso under plea o	liction, any (A) r Title 9 of the (felony involving fraud, forgery, la General Statues, or that at least eigh on of any sentence, whichever date	y or nolo contendere to, in a court of competent arceny, embezzlement or bribery, or (B) criminal offense the years have elapsed from the date of the conviction or e is later, without a subsequent conviction of or plea to
	ify that I am no mission.	t otherwise barred from serving as	a treasurer by order of the State Elections Enforcement
Melissa J Corey			01/14/2016
TREAS	SURER SIGNATURE		DATE (mm/dd/yyyy)
candiand a autom that I discle prohibit I cert I cert jurisci under plea canoth	eby certify and so date to serve as eccept that, in the natically become am an elector in osure requirement bitions, limitating ify that I have pure that I have pure liction, any (A) are Title 9 of the Court of the completion for the completion of the court of the completion of the court of	the candidate's designated deputy e event of a vacancy caused by the e responsible for discharging all or in the State of Connecticut. I inten- ents as contained in Chapter 155 th- ons or restrictions concerning cam- laid any civil penalties or forfeiture tot been convicted of or pled guilty felony involving fraud, forgery, la General Statues, or that at least eight on of any sentence, whichever date for offense.	ment, that I have accepted my appointment by the reasurer of this candidate committee, and I understand the treasurer's death, incapacity or resignation, I shall of the duties required of the vacating treasurer. I certify that to comply with all the campaign finance registration and the rough 157 of the General Statutes, and to abide by any apaign contributions and expenditures. The results of the General Statutes are to abide by any apaign contributions and expenditures. The results of the General Statutes are to a sessessed pursuant to Chapters 155 to 157, inclusive. The results of the General Statutes are to a sessessed pursuant to Chapters 155 to 157, inclusive. The results of the General Statutes are to a sessessed pursuant to Chapters 155 to 157, inclusive. The results of the General Statutes are to a sessessed pursuant to Chapters 155 to 157, inclusive. The results of the General Statutes are to a sessessed pursuant to Chapters 155 to 157, inclusive. The results of the General Statutes are to a sessessed pursuant to Chapters 155 to 157, inclusive. The results of the General Statutes are to a sessessed pursuant to Chapters 155 to 157, inclusive. The results of the General Statutes are to a sessessed pursuant to Chapters 155 to 157, inclusive. The results of the General Statutes are to a sessessed pursuant to Chapters 155 to 157, inclusive. The results of the General Statutes are to a sessessed pursuant to Chapters 155 to 157, inclusive. The results of the General Statutes are to a sessessed pursuant to Chapters 155 to 157, inclusive. The results of the General Statutes are to a sessessed pursuant to Chapters 155 to 157, inclusive.
	ify that I am no reement Commi		a deputy treasurer by order of the State Elections

01/14/2016

DATE (mm/dd/yyyy)



SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION **Certification of Exemption From Forming**





REGISTR	ATION TYPE	CANDIDATE NAME			
☐ Initial	☐ Amendment				
12. REASO	N FOR EXEMPTION	ON FROM FORMING A CANDIDATE COMMITTEE			
	I hereby certify	that I am exempt from forming a candidate committee becaus (CHECK ONE)			
poli	A. I am one of a slate of candidates whose campaigns are being funded solely, y a toy committee or a political committee formed for a single election or primary and expendit to the description of the properties of the committee sponsoring my candidacy. The name of this sponsoring my candidacy.				
		OR			
con	tributions from cusand dollars (\$	by campaign entirely from my own, erscall fun is and will not request or receive other individuals or committees and I to derstate it if I make expenditures exceeding one 1,000) that I shall be reconsitive for filing financial disclosure statements (SEEC Form 23) me schedule and in the annumancer as record of treasurers of candidate committees. OR			
☐ C.	I do not intend	to receive experiences funds in excess of one thousand dollars (\$1,000). OR			
□ D.	I do nd	to sceive or expend any funds, including personal funds, for this campaign.			
13. CER					
can		state, under penalties of false statement, that this statement of exemption from forming a e, for the reason checked above, is true, accurate and complete to the best of my ef.			
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)			