### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DAT		TE (mm/dd/vvvv)		2. MUNICIPALITY				
				(If applicable)				
✓ Initial   Amendment	Nov 2016							
3. OFFICE OR POSITION S	OUGHT			4. DISTRICT NUMBER				
					(If applicable	2)		
State Senator			021					
5. PARTY AFFILIATION								
✓ Republican	Democratic		Other (Speci	fv)				
6. CANDIDATE NAME								
First Name			MI	Last Name		Suffix		
Kevin				Kelly				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address			Address					
240 York St								
City		State	Zip Code	City		State	Zip Code	
Stratford		СТ	06615					
9. CANDIDATE TELEPHONE 10. CANI			DIDATE EM	TE EMAIL ADDRESS				
(Include Area Code)								
203 375	1976	kellyforstatesenate@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 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 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



REGISTRATION TYPE CANDIDATE NAME						
✓ Initial I Amendment Kevin C Kelly	Revin C Kelly					
12. COMMITTEE NAME						
Kelly For Senate 2016						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address			Email Address			
240 York St			kellyforsenate@gmail.com			
City	State	Zip Code 06615	Website			
Stratford	CT					
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Peggy		A	Tibbals			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
11 Parkview Dr						
City	State	Zip Code 06479	City	State	Zip Code	
Plantsville	СТ	00479				
19. TREASURER TELEPHONE 20. TREASURE			IAIL ADDRESS			
(Include Area Code)						
860 839 4467	peg.tib	peg.tibbals@gmail.com				
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Michael		J Cronin				
			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address Address						
47 Woodridge Cir						
City State		Zip Code <b>06107</b>	City	State	Zip Code	
West Hartford	CT	00107				
			URER EMAIL ADDRESS			
	nclude Area Code)					
860 205 1383 cronin47@yahoo.com						
26. DEPOSITORY INSTITUTION NAME						
People's United Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address 850 Main Street, Bridgeport, CT 06604						

**SEEC FORM 1A** 

Michael J Cronin

DEPUTY TREASURER SIGNATURE

Revised Sep	tember 2016		
REGISTRA	TION TYPE	CANDIDATE NAME	
Initial	Amendment	Kevin C Kelly	
28. CERTIFI	CATION		
comm this st	nittee registrationate atement includ	tate, under penalties of false statement, that all of the designations set forth in this candidate in 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 are indicated to me their acceptance of my appointment of them to those positions.	
Kevi	n C Kelly	02/11/2016	
CANDI	DATE SIGNATURE	DATE (mm/dd/yyyy)	
I certi limita I certi jurisd under plea o anothe	r in the State of rements as contitions or restrict fy that I have p fy that I have n iction, any (A) Title 9 of the Corr the completion er such felony of	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 fined in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, cons concerning campaign contributions and expenditures.  And any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.  The 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 feneral 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.  Otherwise barred from serving as a treasurer by order of the State Elections Enforcement	
	nission.	otherwise barred from serving as a decasarer by order of the State Elections Emioreement	
Peggy A Tibbals 02/11/2016			
TREAS	URER SIGNATURE	DATE (mm/dd/yyyy)	
candidand ad autom that I disclo prohil I certi I certi jurisd under plea of another	by certify and solute to serve as except that, in the natically become am an elector in sure requirementations, limitation fy that I have pure for the I have noted in the completion of the Correct such felony of the completion o	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 expensible for discharging all of the duties required of the vacating treasurer. I certify the State of Connecticut. I intend to comply with all the campaign finance registration and atts as contained in Chapter 155 through 157 of the General Statutes, and to abide by any ons or restrictions concerning campaign contributions and expenditures.  And any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.  The 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 teneral Statues, or that at least eight years have elapsed from the date of the conviction or no fany sentence, whichever date is later, without a subsequent conviction of or plea to otherwise barred from serving as a deputy treasurer by order of the State Elections	
	cement Commi		

02/11/2016

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	12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE					
	I hereby certify that I am exempt from forming a candidate committee because (CHECK ONE)					
poli	A. I am one of a slate of candidates whose campaigns are being funded solely v a tow committee or a political committee formed for a single election or primary and expendit to the decomposition of the properties of the committee sponsoring my candidacy. The name of this spaces countries is:					
		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)				