SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY				
✓ Initial Amendment	^{ment} Nov 2016			(lf applicable)			
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
					(If applicable)		
State Senator					014		
5. PARTY AFFILIATION							
Republican	 ✓ Democratic 		Other (Spec	ify)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Gayle			S	Slossberg			
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)		
Street Address				Address			
14 Honeysuckle Ln							
City		State	Zip Code	City		State	Zip Code
Milford		СТ	06461				
9. CANDIDATE TELEPHO	NE	10. CAN	DIDATE EN	IAIL ADDRESS			
(Include Area Code)							
203 878	6412	gsloss	berg@yaho	po.com			
11. DESIGNATION OF CAN	MPAIGN FUNDING	SOURCE	2				
(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							

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 NA	AME					
✓ Initial Amendment	Gayle S Slossberg						
12. COMMITTEE NAME							
Gayle For Senate							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & V	VEBSITE		
Address				Email Address			
14 Honeysuckle Ln				paul@milfordlegal.com			
City		State	Zip Code	Website			
Milford		СТ	06461	www.gayleslossberg.com			
16. TREASURER NAME							
First Name			MI	Last Name Suffi:			
Paul			L	Otzel			
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If differen	it)		
Street Address				Address			
23 Flax Mill Ter							
City		State	Zip Code	City	State	Zip Code	
Milford		СТ	06461				
19. TREASURER TELEPHON	1E	20. TRF	CASURER EN	AAIL ADDRESS			
(Include Area Code)							
203 874 6773		paul@	milfordlegal	l.com			
21. DEPUTY TREASURER NA	AME						
First Name			MI	Last Name		Suffix	
22. DEPUTY TREASURER RI	ESIDENCE ADDR	RESS	1	23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
City		State	Zip Code	City	State	Zip Code	
			SURER EMAIL ADDRESS				
24. DEPUTY TREASURER TELEPHONE 25. DEPU (Include Area Code) (1)		UTY IKEAS	UKEK EMAIL ADDRESS				
26. DEPOSITORY INSTITUT	ION NAME						
The Milford Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
33 Broad Street, Milford, CT 06460							

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REGISTRAT	ION TYPE	CANDIDATE NAME
✓ Initial	Amendment	Gayle S Slossberg

28. CERTIFICATION Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

Gayle S Slossberg	02/18/2016
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)

Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.

Paul L Otzel	02/16/2016
TREASURER SIGNATURE	DATE (mm/dd/yyyy)

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

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SEEC FORM 1B STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee Revised September 2016



DECICED ATION TYPE	CANDIDATE NAME				
REGISTRATION TYPE					
Initial Amendment					
12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE					
I hereby cer	I hereby certify that I am exempt from forming a candidate committee becaus (CHECK ONE)				
□ A. I am one of a slate of candidates whose campaigns are being funded solely v a town committee or a political committee formed for a single election or primary and expendit the value of the value of the reported by the committee sponsoring my candidacy. The name of this sponsories committee is:					
	OR				
contributions fro thousand dollars	g my campaign entirely from my own verse al fun is and will not request or receive in other individuals or committees and I to terstation of if I make expenditures exceeding one (\$1,000) that I shall be reconstant for filing financial disclosure statements (SEEC Form 23) same schedule and in the campaigneer as received of treasurers of candidate committees.				
C. I do not inte					
	OR				
D. I do	nd to receive or expend any funds, including personal funds, for this campaign.				
13. CER					
I here certify and state, under penalties of false statement, that this statement of exemption from forming a candidate committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.					
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)				