SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	EMEN	COMM					<u> </u>
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY			
✓ Initial Amendment	Nov 2016			(If applicable)			
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER			
State Representative					(If applicable) 092		
5. PARTY AFFILIATION							
Republican V Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name	MI		MI	Last Name			Suffix
Patricia			Dillon				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address			
68 W Rock Ave							
City		State	Zip Code	City		State	Zip Code
New Haven		СТ	06515				
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS						
Include Area Code)							

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

9798

387

(Check one)

203

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

dillonfriends@yahoo.com

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 Patricia Dillon						
12. COMMITTEE NAME						
Friends Of Pat Dillon						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address	Email Address					
203 Willard St	_					
City	State	Zip Code 06515	Website			
New Haven	CT	00010				
16. TREASURER NAME						
First Name		MI	Last Name		Suffix	
Anne		W	Lozon			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
203 Willard St						
City	State	Zip Code	City	State	Zip Code	
New Haven	CT	06515				
19. TREASURER TELEPHONE 20. TREASURER			IAIL ADDRESS			
(Include Area Code)						
203 387 1656 anne.weaver.log			n@sbcglobal.net			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Laura			Cahn			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address Address						
54 Cleveland Rd						
City	State	Zip Code 06515	City	State	Zip Code	
New Haven	CT	00313				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS			
(Include Area Code)						
203 397 2338	laurasline@sbcglobal.net					
26. DEPOSITORY INSTITUTION NAME						
Webster Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
894 Whalley Avenue, New Haven, CT 06515						

SEEC FORM 1A Revised September 2016

Enforcement Commission.

DEPUTY TREASURER SIGNATURE

Laura Cahn

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. Patricia Dillon CANDIDATE SIGNATURE 1 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. Anne W Lozon Anne W Lozon DATE (mm/dd/yyyy)	Revised September 2016					
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04/05/2016

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	itical committee	ate of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expenditure and decomy behavioral be amittee sponsoring my candidacy. The name of this sponsor 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)			