# **SEEC FORM 1**

STATE ELECTIONS ENFORCEMENT COMMISSION

### **Registration by Candidate**

Revised September 2016



<b>REGISTRATION TYPE</b>	TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY			
✓ Initial Amendment	Amendment Nov 2016			(If applicable)			
3. OFFICE OR POSITION S	SOUGHT				4. DISTRICT NUMBER		
State Representative					(lf applicable 056	e)	
5. PARTY AFFILIATION							
Republican	<ul><li>✓ Democratic</li></ul>		Other (Spec	ify)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Laurie			W	Bajorek			
7. CANDIDATE RESIDENC	CE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
60 Patricia Dr							
City		State	Zip Code	City	<u> </u>	State	Zip Code
Vernon		СТ	06066				
9. CANDIDATE TELEPHO	NE	10. CAN	NDIDATE EN	IAIL ADDRESS			
(Include Area Code)							
203 751	2423	Ibajore	ek99@gmai	il.com			
11. DESIGNATION OF CAN	MPAIGN FUNDING	SOURCE	E				
(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.							
	pt from forming ng a Candidate C			nmittee and I am filing a Certifi	cation c	of Exem	ption
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 <i>together with</i> either Form 1A, "Registration of Candidate Committee," <i>or</i> 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.							

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.

See Section 9-623(b), Connecticut General Statutes.

## **SEEC FORM 1A**

STATE ELECTIONS ENFORCEMENT COMMISSION

## **Candidate Committee Registration Statement**



Revised September 2016

<b>REGISTRATION TYPE</b>	CANDIDATE NAME						
✓ Initial Amendment	Laurie W Bajorek						
<b>12. COMMITTEE NAME</b>							
Laurie Bajorek For State R	epresentative						
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address				Email Address			
60 Patricia Dr							
City		State	Zip Code	Website			
Vernon		СТ	06066				
16. TREASURER NAME							
First Name			MI	Last Name		Suffix	
Julie			А	Polansky			
17. TREASURER RESIDENC	FADDRESS						
Street Address	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)   Address			
18 Patricia Dr							
City		State	Zip Code	City	State	Zip Code	
Vernon		СТ	06066				
19. TREASURER TELEPHONE			ASURER EN	IAIL ADDRESS			
(Include Area Code)							
860 305 8396	305 8396 japolansky@como			cast.net			
<b>21. DEPUTY TREASURER NA</b>	AME		1				
First Name			MI	Last Name		Suffix	
Heidi			L	Opdenbrouw			
22. DEPUTY TREASURER RI	ESIDENCE ADDR	ESS	•	23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If different	)	
Street Address				Address			
16 Cold Spring Dr							
City		State	Zip Code	City	State	Zip Code	
Vernon		СТ	06066				
		25. DEPUTY TREASURER EMAIL ADDRESS					
24. DEPUTY TREASURER TE (Include Area Code)	LEPHONE	25. DEP	UTY TREAS	UKER EMAIL ADDRESS			
860 875 454	2	whopdenbrouw@sbcglobal.net					
26. DEPOSITORY INSTITUT							
20. DEI OSITORI INSTITUTI	ION NAME						
United Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
45 Glastonbury Blvd, Glastonbury, CT 06033							

SEEC FORM 1A

Revised September 2016

REGISTRA	ΓΙΟΝ ΤΥΡΕ	CANDIDATE NAME
🖌 Initial	Amendment	Laurie W Bajorek
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.

Laurie W Bajorek	05/05/2016
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.

Julie A Polansky	05/05/2016
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.

Heidi L Opdenbrouw	05/05/2016
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/yyyy)

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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 □ Amendmen		
12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE		
I hereby cer	ify that I am exempt from forming a candidate committee because (CHECK ONE)	
political commit	a slate of candidates whose campaigns are being funded soler, we a town committee or a see formed for a single election or primary and expendit the soler of the second se	
	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		
	nd state, under penalties of false statement, that this statement of exemption from forming a ttee, for the reason checked above, is true, accurate and complete to the best of my elief.	
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)	