SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY					
Initial V Amendment Nov 2016			(If applicable)					
3. OFFICE OR POSITION S	OUGHT				4. DISTR	ICT NUM	IBER	
State Representative					(If applicable 136	2)		
5. PARTY AFFILIATION								
✓ Republican	Democratic		Other (Spec	ify)				
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Catherine			А	Walsh				
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
6 Wilcox Ln				PO Box 601				
City		State	Zip Code	City		State	Zip Code	
Westport		СТ	06880	Westport		СТ	06881	
9. CANDIDATE TELEPHON	1E	10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)								
203 226 0081 cawalsh6			sh6@opton	tonline.net				
11. DESIGNATION OF CAM	IPAIGN 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 — Co	andidate 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.				tee.				

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	ME						
Initial 🖌 Amendment	Catherine A Walsh							
12. COMMITTEE NAME								
Cathy Walsh For Westport								
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE			
Address				Email Address				
PO Box 601								
City		State	Zip Code 06881	Website				
Westport		CT						
16. TREASURER NAME								
First Name			MI	Last Name		Suffix		
Robert				Bass				
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address				
10 Thomas Rd				PO Box 601				
City		State	Zip Code	City	State	Zip Code		
Westport		СТ	06880	Westport	СТ	06881		
19. TREASURER TELEPHON	IE	20. TREASURER EMAIL ADDRESS						
(Include Area Code)								
203 722 5340 robert			robertcbass@gmail.com					
21. DEPUTY TREASURER NA	AME		T	L				
First Name			MI	Last Name		Suffix		
Dee				Chapman				
22. DEPUTY TREASURER RI	ESIDENCE ADDR	ESS		23. DEPUTY TREASURER MAILING ADDRES	5 (If different))		
Street Address				Address				
211 Sturges Hwy								
City		State	Zip Code	City	State	Zip Code		
Westport		СТ	06880					
			URER EMAIL ADDRESS					
(Include Area Code)								
917 297 658	917 297 6581 lovewestport@gmail.com							
26. DEPOSITORY INSTITUT	ION NAME							
Peoples United Bank								
27. DEPOSITORY INSTITUTION ADDRESS								
Address								
371 Post Road East, West	tport, CT 06880							

SEEC FORM 1A

Revised September 2016

Page 3 of 4

REGISTRATION TYPE	CANDIDATE NAME		
Initial 🖌 Amendment	Catherine A Walsh		
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.

Catherine A Walsh	09/16/2016
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.

Robert Bass	09/16/2016
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.

Dee Chapman	09/16/2016	
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						
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 (CPECK ONE)					
□ A. I am one of a slate of candidates whose campaigns are being funded solely by a town committee or a political committee formed for a single election or primary and expendit the order on the political committee sponsoring my candidacy. The name of this sponsories committee is:						
	OR					
B. I am funding my campaign entirely from my own verse of funds and will not request or receive contributions from other individuals or committees and I to tersus that if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be received for filing financial disclosure statements (SEEC Form 23) according to the same schedule and in the annumative ras received of treasurers of candidate committees.						
C. I do not inte						
	OR					
D. I do the order of the order of the period 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 candidat 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)					