State

CT

Zip Code

06759

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	THE COMME				
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/y	(עעעי	2. MUNICIPALITY		
✓ Initial Amendment	Nov 2016		(If applicable)		
3. OFFICE OR POSITION S	OUGHT			4. DISTRICT NUM	BER
State Representative				(If applicable) 066	
5. PARTY AFFILIATION					
Republican	✓ Democratic	Other (Speci	(f)		
6. CANDIDATE NAME					
First Name		MI	Last Name		Suffix
Gayle		С	Carr		
7 CANDIDATE RESIDENCE ADDRESS			8 CANDIDATE MAILING ADDRESS (If different)		

Address

City

PO Box 1642

Litchfield

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

3754

(Check one)

(Include Area Code)

860

Street Address

Litchfield

City

44 Torrington Rd

9. CANDIDATE TELEPHONE

567

✓ | 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.

Zip Code

06759

gayleccarr@yahoo.com

10. CANDIDATE EMAIL ADDRESS

State

CT

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 N	AME					
✓ Initial I Amendment Gayle C Carr	Gayle C Carr					
12. COMMITTEE NAME						
Gayle Carr For The 66Th						
13. COMMITTEE ADDRESS 4. 4. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE						
Address	Address Email Address					
PO Box 1763	gayleccarr66th@yahoo.com					
City	State	Zip Code 06759	Website			
Litchfield		00700				
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Mitchell		S	Fishman			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different	9		
Street Address			Address			
18 Osborn Ln			PO Box 1763			
City	State	Zip Code	City	State	Zip Code	
Litchfield	СТ	06759- 2320	Litchfield	СТ	06759	
19. TREASURER TELEPHONE 20. TREASURER EMAIL ADDRESS						
(Include Area Code)						
860 567 8690 mitchellfishman@hotmail.com						
21. DEPUTY TREASURER NAME First Name		MI	Last Name		Suffix	
THIS INGHE		IVII	Last Name		Sumx	
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
City	State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE	25. DEP	UTY TREAS	URER EMAIL ADDRESS			
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
Litchfield Bancorp						
27. DEPOSITORY INSTITUTION ADDRESS						
Address 294 West Street, Litchfield, CT 06759						

SEEC FORM 1A Revised September 2016

28. CERTIFICATION Considence 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 C Carr 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. Mitchell S Fishman TREASURER BRIGATURE Dayley Treasure 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	REGISTRATION TYPE	CANDIDATE NAME	
Treasurer Trea	✓ Initial Amendm	Gayle C Carr	
I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidat 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 C Carr	28. CERTIFICATION		
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DEPUTY TREASURER SIGNATURE DATE (mm/dd/yyyy)	DEPUTY TREASURER	SIGNATURE	DATE (mm/dd/vvvv)



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	late of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expendit to the decomposition of the special beautiful as a special property of the special property of the second property o
		OR
con thou	tributions from cusand dollars (\$	ny campaign entirely from my own erstand funds and will not request or receive other individuals or committees and I to derstand a if I make expenditures exceeding one 1,000) that I shall be reconstant for filing francial disclosure statements (SEEC Form 23) me schedule and in the tank manner as record of treasurers of candidate committees.
C.	I do not intend	to receive experience 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 se, for the reason checked above, is true, accurate and complete to the best of my ef.
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)