### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



		II ~ 60.11					
REGISTRATION TYPE	1. ELECTION DAT	E (mm/dd/y	yyy)	2. MUNICIPALITY			
. * ** 1				(If applicable)			
✓ Initial   Amendment	Feb 2017 - Sp. Elec - S2						
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NU	MBER	
					(If applicable)		
State Senator				002			
5. PARTY AFFILIATION	5. PARTY AFFILIATION						
Republican • Democratic Other (Specify)							
6. CANDIDATE NAME	6. CANDIDATE NAME						
First Name			MI	Last Name		Suffix	
Douglas				McCrory			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
235 Blue Hills Ave							
City		State	Zip Code	City	State	Zip Code	
Hartford		СТ	06112				
9. CANDIDATE TELEPHONE 10. (			DIDATE EM	IAIL ADDRESS			
Include Area Code)							
860 983	5521	ti10dog	g@aol.com				

#### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

### (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 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 Douglas McCrory					
12. COMMITTEE NAME					
McCrory for Senate					
13. COMMITTEE ADDRESS	13. COMMITTEE ADDRESS 14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address Email Address					
235 Blue Hills Ave ti10dog@aol.com					
City	State Zip Code Website 06112				
Hartford	СТ	00112			
16. TREASURER NAME					
First Name		MI	Last Name		Suffix
Kevin			Henry		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
487 Main St Apt 2					
City	State	Zip Code 06103	City	State	Zip Code
Hartford	CT	06103			
19. TREASURER TELEPHONE 20. TREASURER EM			MAIL ADDRESS		
(Include Area Code)					
860 838 1759 kthenry@me.cor					
21. DEPUTY TREASURER NAME		1			
First Name		MI	Last Name		Suffix
Justin K			Coleman		
22. DEPUTY TREASURER RESIDENCE ADDRESS 23. DEPUTY TREASURER MAILING ADDRESS (If different)					t)
Street Address Address					
107 Saint Monicas Ave					
City	State	Zip Code 06120	City	State	Zip Code
Hartford	СТ	00120			
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS		
(Include Area Code)					
26. DEPOSITORY INSTITUTION NAME					
Citizens Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address					
190 Trumbull Street, Hartford, CT 06103					
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SEEC FORM 1A Revised September 2016

Justin K Coleman

DEPUTY TREASURER SIGNATURE

Part   Initial   Amendment   Douglas McCrory	kevised sep	tember 2016		
28. CERTIFICATION  Tanidate  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.  Douglas McCrory  CANDIDATE SKINATURE  DATE INCLUDING STATURE  Thereby 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 Statutes, 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 firm serving as a treasurer by order of the State Elections Enforcement Commission.  Kevin Henry  O1/20/2017  TREASURER SIGNATURE  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	REGISTRA	TION TYPE	CANDIDATE NAME	
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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.	I here candi and a auton that I discle prohi	by certify and so date to serve as eccept that, in the natically become am an elector is sure requirementations, limitations, limitations, limitations, any (A). Title 9 of the Corthe completion or the completion of that I am no diffy that I am no	the candidate's designated deputy treasurer of this candidate committee, and I understant to event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall be responsible for discharging all of the duties required of the vacating treasurer. I certify the State of Connecticut. I intend to comply with all the campaign finance registration has as contained in Chapter 155 through 157 of the General Statutes, and to abide by any one or restrictions concerning campaign contributions and expenditures.  and any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive of been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offer General Statues, or that at least eight years have elapsed from the date of the conviction of or fany sentence, whichever date is later, without a subsequent conviction of or plea to or offense.	y n and y e. nse or

01/20/2017

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	12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE				
	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 y a toy committee or a political committee formed for a single election or primary and expendit to the development of the reported by the committee sponsoring my candidacy. The name of this spaces committee 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 reconstructed for filing francial disclosure statements (SEEC Form 23) me schedule and in the annumancer as record of treasurers of candidate committees.			
☐ 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)			