SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)		(איציי)	2. MUNICIPALITY			
				(If applicable)			
✓ Initial Amendment	Nov 2018	/ 2018					
3. OFFICE OR POSITION S	OUGHT				4. DISTR	ICT NUM	BER
					(If applicable	·)	
Governor							
5. PARTY AFFILIATION							
Republican	✓ Democratic		Other (Speci	60			
Керионеан	Democratic		Other (speci				
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Jacey				Wyatt			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address			
84 E Main St							
City	S	State	Zip Code	City		State	Zip Code
Branford		СТ	06405				
9. CANDIDATE TELEPHONE 10. CANDIDATE E		DIDATE EM	IAIL ADDRESS				
(Include Area Code)							
203 481	0001	wyatt@	governorw@	yatt.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 NA	AME				
Second Wyatt	✓ Initial I Amendment Jacey Wyatt					
14. 6. COMMITTEE ADDRESS	12. COMMITTEE NAME					
Madicas	Governor Wyatt					
Main St	13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE	
State						
Note	84 E Main St			wyatt@governorwyatt.com		
State	City	06405		Website		
Mil	Branford			governorwyatt.com		
Antonio R Antolino 17. TREASURER RESIDENCE ADDRESS 18. TREASURER MAILING ADDRESS (lf different) 18. TREASURER MAIL	16. TREASURER NAME					
Street Address Street Address 31 Baldwin Dr State	First Name		MI	Last Name		Suffix
State Address Addr	Antonio		R	Antollino		
State Zip Code O6437	17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different	9)	
State City O6437	Street Address			Address		
Guilford CT 06437 Branford CT 06405 19. TREASURER TELEPHONE 20. TREASURER EMAIL ADDRESS 203 481 0001 Info@governorwyatt.com 21. DEPUTY TREASURER NAME First Name MI Last Name Suffix 22. DEPUTY TREASURER RESIDENCE ADDRES Address City Address 24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS Chickude Area Code) 25. DEPUTY TREASURER EMAIL ADDRESS 26. DEPOSITORY INSTITUTION NAME Citizens Bank NH 27. DEPOSITORY INSTITUTION ADDRESS	31 Baldwin Dr			84 Eastman St		
Guilford CT Branford CT 06405 19. TREASURER TELEPHONE 20. TREASURER EMAIL ADDRESS 203	City	State		City	State	Zip Code
Citizens Bank NH	Guilford	СТ	06437	Branford	СТ	06405
203	19. TREASURER TELEPHONE	20. TRE	EASURER EN	MAIL ADDRESS		
21. DEPUTY TREASURER NAME First Name MI Last Name Suffix 22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address Address City State Zip Code City City						
First Name 22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address Address City State Zip Code City City State Zip Code City City City TREASURER MAILING ADDRESS City State Zip Code City City State Zip Code City City City City City Citizens Bank NH 25. DEPUTY TREASURER EMAIL ADDRESS Citizens Bank NH 27. DEPOSITORY INSTITUTION ADDRESS Address	203 481 0001 info@governorwyatt.com					
22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address City State Zip Code City State Zip Code City State Zip Code 24. DEPUTY TREASURER TELEPHONE (Include Area Code) Citizens Bank NH 27. DEPOSITORY INSTITUTION ADDRESS Address			T			
Street Address Address City State Zip Code City State Zip Code City State Zip Code Zip Code City DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS (Include Area Code) 26. DEPOSITORY INSTITUTION NAME Citizens Bank NH 27. DEPOSITORY INSTITUTION ADDRESS Address	First Name		MI	Last Name		Suffix
Street Address Address City State Zip Code City State Zip Code City State Zip Code Zip Code City DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS (Include Area Code) 26. DEPOSITORY INSTITUTION NAME Citizens Bank NH 27. DEPOSITORY INSTITUTION ADDRESS Address	22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRES	S (If different	()
24. DEPUTY TREASURER TELEPHONE (Include Area Code) 26. DEPOSITORY INSTITUTION NAME Citizens Bank NH 27. DEPOSITORY INSTITUTION ADDRESS Address					(33)	,
24. DEPUTY TREASURER TELEPHONE (Include Area Code) 26. DEPOSITORY INSTITUTION NAME Citizens Bank NH 27. DEPOSITORY INSTITUTION ADDRESS Address			_			
(Include Area Code) 26. DEPOSITORY INSTITUTION NAME Citizens Bank NH 27. DEPOSITORY INSTITUTION ADDRESS Address	City	State	Zip Code	City	State	Zip Code
(Include Area Code) 26. DEPOSITORY INSTITUTION NAME Citizens Bank NH 27. DEPOSITORY INSTITUTION ADDRESS Address						
26. DEPOSITORY INSTITUTION NAME Citizens Bank NH 27. DEPOSITORY INSTITUTION ADDRESS Address	24. DEPUTY TREASURER TELEPHONE	25. DEPUTY TREASURER EMAIL ADDRESS				
Citizens Bank NH 27. DEPOSITORY INSTITUTION ADDRESS Address	(Include Area Code)					
Citizens Bank NH 27. DEPOSITORY INSTITUTION ADDRESS Address	26 DEDOCITODY INCTITUTION NAME					
27. DEPOSITORY INSTITUTION ADDRESS Address	26. DEPOSITORY INSTITUTION NAME					
Address	Citizens Bank NH					
	27. DEPOSITORY INSTITUTION ADDRESS					
119 Montowese Street, Branford, CT 06405						
	119 Montowese Street, Branford, CT 0640)5				

SEEC FORM 1A Revised September 2016

EGISTRATION TYPE	CANDIDATE NAME	
/ Initial Amendment	Jacey Wyatt	
B. CERTIFICATION		
committee registration this statement include or deputy treasurer has	state, under penalties of false statement, that all of to on statement are true and accurate to the best of my es my certification to the fact that any individual de ave indicated to me their acceptance of my appoint	knowledge and belief, and further, that esignated herein to serve as my treasurer tment of them to those positions.
Jacey Wyatt		01/31/2017
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State of requirements as contalimitations or restrict I certify that I have p I certify that I have n jurisdiction, any (A) under Title 9 of the C	tate, under penalties of false statement, that I have the candidate's designated treasurer of this candidate. Connecticut. I intend to comply with all the campained in Chapter 155 through 157 of the General Stations concerning campaign contributions and expensaid any civil penalties or forfeitures assessed pursuate of the convicted of or pled guilty or nolo contend felony involving fraud, forgery, larceny, embezzlemental Statues, or that at least eight years have elapted of any sentence, whichever date is later, without or offense.	ate committee. I certify that I am an paign finance registration and disclosure tatutes, and to abide by any prohibitions, aditures. The court of competent ment or bribery, or (B) criminal offense psed from the date of the conviction or
Commission.	t otherwise barred from serving as a treasurer by or	
Antonio R Antollino		02/08/2017
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as and accept that, in the automatically becom- that I am an elector in disclosure requireme	tate, under penalties of false statement, that I have the candidate's designated deputy treasurer of this e event of a vacancy caused by the treasurer's deatl e responsible for discharging all of the duties requi in the State of Connecticut. I intend to comply with ints as contained in Chapter 155 through 157 of the ons or restrictions concerning campaign contribution	candidate committee, and I understand h, incapacity or resignation, I shall red of the vacating treasurer. I certify h all the campaign finance registration and General Statutes, and to abide by any
I certify that I have p	aid any civil penalties or forfeitures assessed pursu	nant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the (ot been convicted of or pled guilty or nolo contend felony involving fraud, forgery, larceny, embezzler General Statues, or that at least eight years have elap on of any sentence, whichever date is later, without or offense.	ment or bribery, or (B) criminal offense psed from the date of the conviction or
another such reforty (
•	t otherwise barred from serving as a deputy treasure ssion.	er by order of the State Elections



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	A. I am one of a slate of candidates whose campaigns are being funded solely was tow committee or a political committee formed for a single election or primary and expendit and decomy behand the reported by the committee sponsoring my candidacy. The name of this space are 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. **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)				