SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY			
				(If applicable)			
Initial	Nov 2018						
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
State Treasurer					(If applicable	e)	
5. PARTY AFFILIATION							
✓ Republican	Democratic		Other (Special	(fy)			
6. CANDIDATE NAME							
First Name				Last Name Suffix			Suffix
Thaddeus			1	Gray			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)			
Street Address			Address				
117 Wells Hill Rd				PO Box 1128			
City		State	Zip Code	City		State	Zip Code
Lakeville		CT	06039	Sharon		СТ	06069
9. CANDIDATE TELEPHONE 10.		10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
860 866	6800	thadforcttreasurer@gmail.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



deus I Gray State CT	Zip Code 06790	14. & 15. COMMITTEE EMAIL ADDRES Email Address thadforcttreasurer@gmail.com	SS & WEBSITI	<u> </u>		
		Email Address	SS & WEBSITI	Ξ		
		Email Address	SS & WEBSITI	£		
		Email Address	SS & WEBSITI	E		
		thadforcttreasurer@gmail.com		Email Address		
			thadforcttreasurer@gmail.com			
СТ	06790	Website				
		www.thadforct.com				
				_		
	MI	Last Name Suff				
		Nowell				
RESS		18. TREASURER MAILING ADDRESS (If different)				
Street Address			Address			
97 Hickory Rd			53 Peck Rd			
State	Zip Code	City	State	Zip Code		
СТ	06790	Torrington	СТ	06790		
20. T	20. TREASURER EMAIL ADDRESS					
860 482 8068 ken@taxna						
	1.0	Tr. sv				
				Suffix		
	B Robertson					
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address						
State	Zip Code	City	State	Zip Code		
СТ	06069					
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS						
mbr	mbrobertson@gmail.com					
ME						
y						
DDRESS						
5 Bissell Street, Lakeville, CT 06039						
	State CT 20. T ken ICE ADDRESS State CT ONE 25. D mbr ME V ODRESS	State	RESS 18. TREASURER MAILING ADDRESS (Address) 53 Peck Rd State Zip Code O6790 City Torrington 20. TREASURER EMAIL ADDRESS ken@taxnag.com MI Last Name B Robertson CCE ADDRESS 23. DEPUTY TREASURER MAILING AI Address State Zip Code O6069 CT ONE 25. DEPUTY TREASURER EMAIL ADDRESS mbrobertson@gmail.com ME	Nowell		

SEEC FORM 1A

Revised September 2	016	rages of 4
REGISTRATION TY	PE	CANDIDATE NAME
Initial / Amen	dment	Thaddeus I Gray
28. CERTIFICATION		
committee reg	gistration t includ	state, under penalties of false statement, that all of the designations set forth in this candidate on statement are true and accurate to the best of my knowledge and belief, and further, that es my certification to the fact that any individual designated herein to serve as my treasurer ave indicated to me their acceptance of my appointment of them to those positions.
Thaddeus I (Gray	02/11/2018
CANDIDATE SIGN	ATURE	DATE (mm/dd/yyyy)
candidate to selector in the requirements limitations or I certify that I I certify that I jurisdiction, a under Title 9 plea or the coanother such	erve as State of as contarestrict have p have n ny (A) of the C mpletion	tate, under penalties of false statement, that I have accepted my appointment by the the candidate's designated treasurer of this candidate committee. I certify that I am an a Connecticut. I intend to comply with all the campaign finance registration and disclosure ained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ions concerning campaign contributions and expenditures. aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. ot 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 offense General Statues, or that at least eight years have elapsed from the date of the conviction or nof any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.
Commission.		
	J Kenneth Nowell TREASURER SIGNATURE DATE (mm/dd/yyyy)	
	ATUKE	DATE (mm/dd/yyyy)
candidate to s and accept that automatically that I am an edisclosure requirements of the control of the contro	erve as at, in the become lector in quirement limitation have pure have many (A) of the Completion felony of	
I certify that I Enforcement		otherwise barred from serving as a deputy treasurer by order of the State Elections ssion.

DEPUTY TREASURER SIGNATURE

Mary B Robertson

02/11/2018

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 because (CHECK ONE)						
poli	itical committee	ate 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 sponsoring my candidacy. The name of this sponsor countries 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 reconsitive for filing financial 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)				