SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE		ΓE (mm/dd/yyyy)		2. MUNICIPALITY			
✓ Initial Amendment	Nov 2018			(If applicable)			
3. OFFICE OR POSITION S	OUGHT				4. DISTR	ICT NUM	BER
Secretary of the State					(If applicable	9	
5. PARTY AFFILIATION							
Republican	✓ Democratic		Other (Speci	(f;)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Karen				Talamelli Cusick			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)			
Street Address Address			Address				
6 Diana Dr	6 Diana Dr						
City			Zip Code	City		State	Zip Code
Woodbridge		СТ	06525- 1217				
9. CANDIDATE TELEPHONE		10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
203 736	4907	karen@	@talamelli.c	com			
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE							
(Check one)	111	•.	. 17		C	•	
✓ 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 CANDIDAT	CANDIDATE NAME					
✓ Initial I Amendment Karen Tala	Karen Talamelli Cusick					
12. COMMITTEE NAME						
Karen for SOS CT						
13. COMMITTEE ADDRESS		14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address						
31 Ely St						
City	State	Zip Code 06516	Website			
West Haven CT						
16. TREASURER NAME						
First Name		MI	Last Name		Suffix	
Helen			Riviere			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
31 Ely St		_			_	
City	State	Zip Code 06516	City	State	Zip Code	
West Haven	СТ	00310				
19. TREASURER TELEPHONE 20. TREASURER I			MAIL ADDRESS			
(Include Area Code)						
203 996 5053 annalou			ail.com			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Ursula		С	Reilly			
			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
Street Address			Address			
10 Hilltop Ln		_			T	
City	State	Zip Code 06516	City	State	Zip Code	
West Haven	СТ	00010				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASU			SURER EMAIL ADDRESS			
(Include Area Code)	maille et	250@abaal	ahal nat			
203 932 0655 reillyuc56@sbcglobal.net						
26. DEPOSITORY INSTITUTION NAME						
Peoples United Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address Ocat. The areas Bendered West Haven OT 00540						
Capt. Thomas Boulevard, West Haver	n, CT 06516					

SEEC FORM 1A

Revised September 2016		1 age 3 01 4	
REGISTRATION TYPE	CANDIDATE NAME		
✓ Initial Amendment	Karen Talamelli Cusick		
28. CERTIFICATION			
committee registration this statement include or deputy treasurer ha	n statement are true and accurate to the es my certification to the fact that any in the indicated to me their acceptance of	that all of the designations set forth in this candidate best of my knowledge and belief, and further, that individual designated herein to serve as my treasurer my appointment of them to those positions.	
Karen Talamelli Cusio	<u> </u>	07/26/2017	
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)	
candidate to serve as the elector in the State of requirements as contained limitations or restriction. I certify that I have particularly that I have not jurisdiction, any (A) for under Title 9 of the Gorphea or the completion another such felony or	the candidate's designated treasurer of Connecticut. I intend to comply with a fined in Chapter 155 through 157 of the ons concerning campaign contributions aid any civil penalties or forfeitures asset been convicted of or pled guilty or never a second to the convicted of or pled guilty or never a second treasure of the convicted	that I have accepted my appointment by the this candidate committee. I certify that I am an all the campaign finance registration and disclosure a General Statutes, and to abide by any prohibitions, and expenditures. essed pursuant to Chapters 155 to 157, inclusive. colo contendere to, in a court of competent are have elapsed from the date of the conviction or the er, without a subsequent conviction of or plea to assurer by order of the State Elections Enforcement	
Helen Riviere		07/26/2017	
TREASURER SIGNATURE		DATE (mm/dd/yyyy)	
candidate to serve as t and accept that, in the automatically become that I am an elector in disclosure requiremen prohibitions, limitation I certify that I have pa I certify that I have no jurisdiction, any (A) for under Title 9 of the Go	the candidate's designated deputy trease event of a vacancy caused by the trease responsible for discharging all of the at the State of Connecticut. I intend to contain as contained in Chapter 155 throughout or restrictions concerning campaign aid any civil penalties or forfeitures asset been convicted of or pled guilty or not been convicted or pled g	that I have accepted my appointment by the surer of this candidate committee, and I understand surer's death, incapacity or resignation, I shall duties required of the vacating treasurer. I certify comply with all the campaign finance registration and a 157 of the General Statutes, and to abide by any a contributions and expenditures. The essed pursuant to Chapters 155 to 157, inclusive. The color contender to, in a court of competent and the convertion of the conviction of	

07/26/2017 Ursula C Reilly DEPUTY TREASURER SIGNATURE DATE (mm/dd/yyyy)

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.



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 because (CHECK ONE)					
poli	A. I am one of a slate of candidates whose campaigns are being funded solely v a tow committee or a political committee formed for a single election or primary and expendit to the decomposition of the properties of the committee sponsoring my candidacy. The name of this space of committee is:					
		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 proved to receive 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)				