SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY			
✓ Initial Amendment	Nov 2018			(If applicable)			
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NUMBER		
Secretary of the State					(If applicable	<i>;)</i>	
5. PARTY AFFILIATION							
Republican	✓ Democratic		Other (Spec	ify)			
6. CANDIDATE NAME							
First Name			MI	Last Name	Suff		Suffix
Denise			W	Merrill			
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
135 Elizabeth St							
City		State	Zip Code	City		State	Zip Code
Hartford		СТ	06105				
9. CANDIDATE TELEPHONE 10. CAN			NDIDATE EN	EMAIL ADDRESS			
(Include Area Code)							
860 428	1782	secretarymerrill@gmail.com					
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE							
(Check one)							
	ing a candidate	commi	ttee and I	am required to file a Candidate	e Comm	ittee	
Go to Form	1A and complete	pages 2	and 3 — C	andidate Registration Statement.			
	pt from forming ng a Candidate C			nmittee and I am filing a Certifi	cation o	fExem	ption
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 <i>together with</i> either Form 1A, "Registration of Candidate Committee," <i>or</i> 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 Amendment	Denise W Merrill						
12. COMMITTEE NAME							
Merrill 2018							
13. COMMITTEE ADDRESS 14. & 15. COMMITTEE EMAIL				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address				Email Address			
69 Foxcroft Rd							
City State			Zip Code	Website			
West Hartford C		СТ	СТ 06119				
16. TREASURER NAME							
First Name			MI	Last Name Suffix			
Holly			J	Bates			
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
69 Foxcroft Rd							
City		State	Zip Code	City	State	Zip Code	
West Hartford		СТ	06119				
19. TREASURER TELEPHONE20. TREA			ASURER EN	IAIL ADDRESS			
(Include Area Code)							
860 614 5433 holly.bates5@gma			ail.com				
21. DEPUTY TREASURER NA	AME		T	1			
First Name			MI	Last Name		Suffix	
Karla			Н	Fox			
22. DEPUTY TREASURER RESIDENCE ADDRESS 23. DEPUTY TREASURER MAILING ADDRESS (If different)					.)		
Street Address				Address			
1 Storrs Heights Rd							
City		State	Zip Code	City	State	Zip Code	
Storrs		СТ	06268-				
24. DEPUTY TREASURER TH	2331				l		
(Include Area Code)		23. DEI					
860 429 123	6	foxkarla@charter.net					
26. DEPOSITORY INSTITUT	ION NAME						
Webster Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address 185 Asylum Street, Hartford, CT 06103							
				· · · · · · · · · · · · · · · · · · ·			

SEEC FORM 1A

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Revised September 2016			
REGISTRATION TYPE		CANDIDATE NAME	
✓ Initial	Amendment	Denise W Merrill	
28. CERTIF	ICATION		
Candidate			
comn this s	nittee registration tatement 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.	
Denise W Merrill 08/18/2017			

CANDIDATE SIGNATURE

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 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.

DATE (mm/dd/yyyy)

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.

Holly J Bates	08/18/2017
TREASURER SIGNATURE	DATE (mm/dd/yyyy)

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 committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. 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 deputy treasurer by order of the State Elections Enforcement Commission.

Karla H Fox	08/18/2017
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/yyyy)

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SEEC FORM 1B STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee Revised September 2016



DECICED ATION TYPE	CANDIDATE NAME		
REGISTRATION TYPE			
□ Initial □ Amendmen			
12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE			
I hereby cer	ify that I am exempt from forming a candidate committee because (CHECK ONE)		
political commit	a slate of candidates whose campaigns are being funded soler, we a town committee or a see formed for a single election or primary and expendit the soler of the second se		
	OR		
contributions fro thousand dollars	g my campaign entirely from my own verse al fun is and will not request or receive in other individuals or committees and I to terstation of if I make expenditures exceeding one (\$1,000) that I shall be reconstant for filing financial disclosure statements (SEEC Form 23) same schedule and in the campaigneer as received of treasurers of candidate committees.		
C. I do not inte			
	OR		
D. I do	nd to receive or expend any funds, including personal funds, for this campaign.		
13. CER			
	nd state, under penalties of false statement, that this statement of exemption from forming a ttee, for the reason checked above, is true, accurate and complete to the best of my elief.		
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)		