State

Zip Code

## **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## **Registration by Candidate**

Revised September 2016



	TO MENT COMMISSION OF THE PROPERTY OF THE PROP				
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yy	(עעע	2. MUNICIPALITY		
✓ Initial   Amendment	Nov 2018		(lf applicable)		
3. OFFICE OR POSITION SOUGHT 4. DISTRICT NUMBER 1.			BER		
				(If applicable)	
State Representative		011			
5. PARTY AFFILIATION					
Republican • Democratic Other (Specify)					
6. CANDIDATE NAME					
First Name		MI	Last Name		Suffix
Jeffrey		Α	Currey		
7. CANDIDATE RESIDENCE ADDRESS		8. CANDIDATE MAILING ADDRESS (If different)			
Street Address		Address			
50 McKee St					

City

#### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

8822

### (Check one)

East Hartford

(Include Area Code)

860

9. CANDIDATE TELEPHONE

528

City

✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

jeffrey.currey@gmail.com

Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.

Zip Code

06108

10. CANDIDATE EMAIL ADDRESS

State

CT

**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	EGISTRATION TYPE CANDIDATE NAME				
✓ Initial I Amendment Jeffrey A Curre	Jeffrey A Currey				
12. COMMITTEE NAME					
CURREY 2018					
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE	
Address			Email Address		
50 McKee St	1-	T			
City	State Zip Code Website 06108				
East Hartford	CT				
16. TREASURER NAME					_
First Name		MI	Last Name Suffix		Suffix
Karen		F	Burke		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
59 Blackstone Ln					
City	State	Zip Code	City	State	Zip Code
East Hartford	CT 06108				
19. TREASURER TELEPHONE 20. TREASURER EN			IAIL ADDRESS		
(Include Area Code)					
860 212 3003 KBurke912@g			I.com		
21. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
Mindy		M	Lewis		
			23. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address Address			Address		
681 Chapel Rd					
City	State	Zip Code	City	State	Zip Code
South Windsor	CT	06074			
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASU			URER EMAIL ADDRESS		
(Include Area Code)					
860 967 9300	mindylewis.sw@gmail.com				
26. DEPOSITORY INSTITUTION NAME					
People's United Bank					
	27. DEPOSITORY INSTITUTION ADDRESS				
27. DEPOSITORY INSTITUTION ADDRESS					
27. DEPOSITORY INSTITUTION ADDRESS Address					

SEEC FO Revised Sep	EEC FORM 1A Page evised September 2016		Page 3 of 4
REGISTRA	TION TYPE	CANDIDATE NAME	
✓ Initial	Amendment	Jeffrey A Currey	
28. CERTIFI	ICATION		
comn this st or dep	nittee registration tatement includ	on statement are true and accurate to the be	at all of the designations set forth in this candidate est of my knowledge and belief, and further, that vidual designated herein to serve as my treasurer appointment of them to those positions.  11/10/2017  DATE (mm/dd/yyyy)
Treasurer			
I here candide elector require limita  I certification in the canoth in	date to serve as or in the State of rements as contactions or restrict ify that I have positive that I have notice and (A). Title 9 of the Cor the completion or such felony of	f Connecticut. I intend to comply with all ained in Chapter 155 through 157 of the Grions concerning campaign contributions are aid any civil penalties or forfeitures assess ot been convicted of or pled guilty or nolo felony involving fraud, forgery, larceny, engeneral Statues, or that at least eight years in of any sentence, whichever date is later, or offense.	s candidate committee. I certify that I am an the campaign finance registration and disclosure eneral Statutes, and to abide by any prohibitions, and expenditures.  ded pursuant to Chapters 155 to 157, inclusive.
Kare	n F Burke		11/10/2017
TREAS	SURER SIGNATURE		DATE (mm/dd/yyyy)
candic and ac autom that I disclo prohil	by certify and s date to serve as ccept that, in the natically becom am an elector in osure requireme bitions, limitation	e event of a vacancy caused by the treasure e responsible for discharging all of the dut in the State of Connecticut. I intend to com- nts as contained in Chapter 155 through 15 ons or restrictions concerning campaign co	er of this candidate committee, and I understand er's death, incapacity or resignation, I shall ies required of the vacating treasurer. I certify aply with all the campaign finance registration and 57 of the General Statutes, and to abide by any
I certi	ify that I have n	ot been convicted of or pled guilty or polo	contendere to in a court of competent

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.

Mindy M Lewis	11/10/2017
DEPUTY TREASURER SIGNATURE	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	N FOR EXEMPTION	ON 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 was town 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 spaces countries:				
		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.	C. I do not intend to receive xpc funds m excess of one thousand dollars (\$1,000).			
□ 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)		