SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	ATION TYPE 1. ELECTION DATE (mm/dd/yyyy)		2. MUNICIPALITY				
				(If applicable)			
Initial	Nov 2018						
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
				(If applicable)			
State Representative	ate Representative				133		
5. PARTY AFFILIATION							
Republican • Democratic Other (Specify)							
Tepuonean Democrate State (Specify)							
6. CANDIDATE NAME							
First Name	MI		MI	Last Name Suff		Suffix	
Cristin				McCarthy Vahey			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address			
1625 Melville Ave							
City		State	Zip Code	City		State	Zip Code
Fairfield		СТ	06825				
9. CANDIDATE TELEPHONE 10		10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
203 522	3037	cristini	mccarthyval	hey@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



REGISTRATION TYPE CANDIDATE NA	CANDIDATE NAME					
Initial I Amendment Cristin McCarth	Cristin McCarthy Vahey					
12. COMMITTEE NAME						
Cristin McCarthy Vahey 2018						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address			Email Address			
1625 Melville Ave	1-	I				
		Zip Code 06825	Website			
Fairfield CT		00020				
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Eric		S	Newman			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
85 Eastfield Dr						
City	State	Zip Code	City	State	Zip Code	
Fairfield	CT 06825					
19. TREASURER TELEPHONE 20. TREASURER EN			IAIL ADDRESS			
(Include Area Code)						
203 219 9877 ericnewmancpa			yahoo.com			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Elizabeth			Zezima			
			23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If different,)	
Street Address Address						
	160 Fairfield Woods Rd # 22					
City	State	Zip Code 06825	City	State	Zip Code	
Fairfield	CT	00023				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS						
(Include Area Code)						
203 856 4868 liz.zezima@gmail.com						
26. DEPOSITORY INSTITUTION NAME						
People's United Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
850 Main Street, Bridgeport, CT 06604	850 Main Street, Bridgeport, CT 06604					

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REGISTRATION TYPE	CANDIDATE NAME	
Initial	Cristin McCarthy Vahey	
28. CERTIFICATION		
committee registration this statement include	on statement are true and accurate my certification to the fact the	atement, that all of the designations set forth in this candidate the to the best of my knowledge and belief, and further, that that any individual designated herein to serve as my treasurer tance of my appointment of them to those positions.
Cristin McCarthy Va	hey	12/14/2017
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State of requirements as contilimitations or restrict. I certify that I have pure I certify that I have not jurisdiction, any (A) under Title 9 of the Coplea or the completion another such felony of	the candidate's designated treat f Connecticut. I intend to compained in Chapter 155 through 1 ions concerning campaign contaid any civil penalties or forfeit of been convicted of or pled gufelony involving fraud, forgery General Statues, or that at least on of any sentence, whichever dor offense.	attement, that I have accepted my appointment by the surer of this candidate committee. I certify that I am an ally with all the campaign finance registration and disclosure 57 of the General Statutes, and to abide by any prohibitions, ributions and expenditures. States assessed pursuant to Chapters 155 to 157, inclusive. Filty or nolo contendere to, in a court of competent, larceny, embezzlement or bribery, or (B) criminal offense eight years have elapsed from the date of the conviction or ate is later, without a subsequent conviction of or plea to as a treasurer by order of the State Elections Enforcement
Eric S Newman		12/17/2017
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.

Elizabeth A Zezima	12/14/2017		
DEPLITY TREASURER SIGNATURE	DATE (mm/dd/yyyyy)		



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	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 spaces countries 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.	C. I do not intend to receive xpc funds m excess of one thousand dollars (\$1,000).					
D. I do a served 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)				