SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



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REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)		(עעע)	2. MUNICIPALITY			
				(If applicable)			
Initial	Nov 2018	Nov 2018					
3. OFFICE OR POSITION S	OUGHT			4. DISTRICT NUMBER			
					(If applicable)	
State Representative				040			
5. PARTY AFFILIATION							
Republican	✓ Democratic		Other (Speci	(f)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Christine				Conley			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address			
33 Toll Gate Rd							
City		State	Zip Code	City		State	Zip Code
Groton		СТ	06340				
9. CANDIDATE TELEPHONE 10.		10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
860 916	3333	cconle	y4grotonled	dyard@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





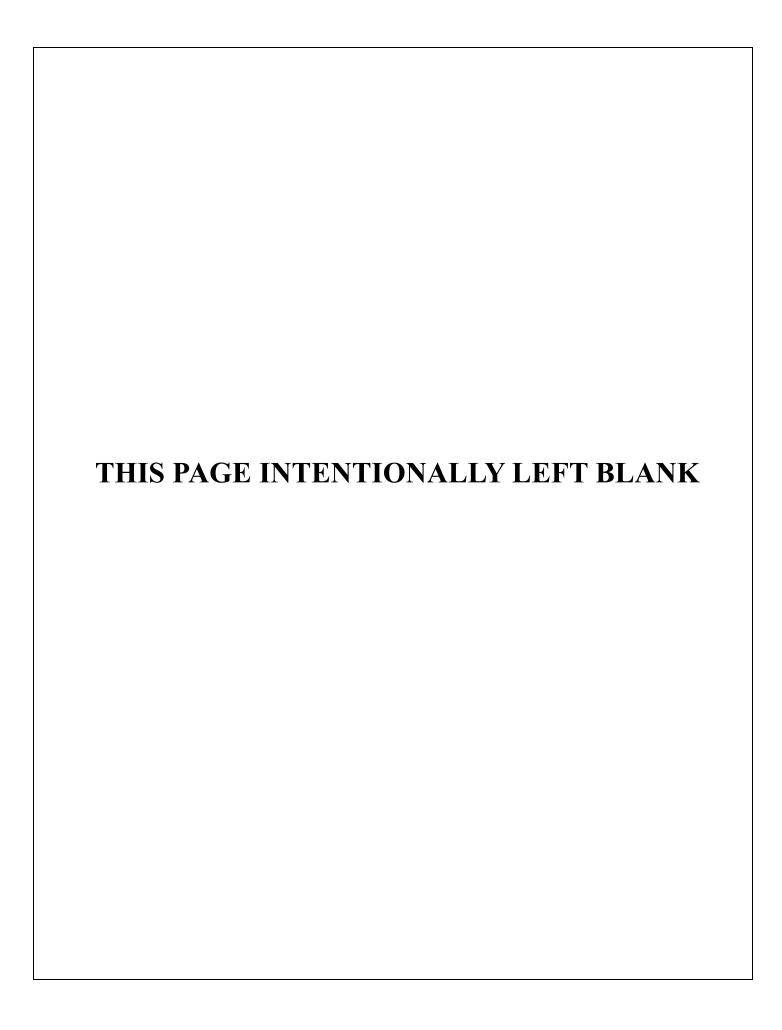
REGISTRATION TYPE **CANDIDATE NAME** Initial ✓ | Amendment Christine Conley 12. COMMITTEE NAME Conley 2018 13. COMMITTEE ADDRESS 14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE Address Email Address 33 Toll Gate Rd cconley4grotonledyard@gmail.com Website Zip Code City State 06340 Groton CT conley2018.com 16. TREASURER NAME First Name MI Last Name Suffix Robert Κ Frink 17. TREASURER RESIDENCE ADDRESS 18. TREASURER MAILING ADDRESS (If different) Street Address Address 144 Seneca Dr City State Zip Code State Zip Code City 06340 Groton CT 19. TREASURER TELEPHONE 20. TREASURER EMAIL ADDRESS (Include Area Code) 860 908 5463 rkfrink@yahoo.com 21. DEPUTY TREASURER NAME First Name ΜI Last Name Suffix Timothy Beebe 22. DEPUTY TREASURER RESIDENCE ADDRESS 23. DEPUTY TREASURER MAILING ADDRESS (If different) Street Address Address 33 Toll Gate Rd City State Zip Code City State Zip Code 06340 Groton CT 24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS (Include Area Code) skiptjay009@yahoo.com 860 460 0778 26. DEPOSITORY INSTITUTION NAME Chelsea Groton Bank 27. DEPOSITORY INSTITUTION ADDRESS Address 904 Poquonnock Rd, Groton, CT 06340

SEEC FORM 1A Revised September 2016

DEPUTY TREASURER SIGNATURE

Revised September 2016	CANDIDATENAME	
REGISTRATION TYPE	CANDIDATE NAME	
Initial	Christine Conley	
28. CERTIFICATION		
committee registration this statement include	on statement are true and ac les my certification to the fa	se statement, that all of the designations set forth in this candidate curate to the best of my knowledge and belief, and further, that act that any individual designated herein to serve as my treasurer eceptance of my appointment of them to those positions. 07/11/2018
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State o requirements as cont limitations or restrict	the candidate's designated f Connecticut. I intend to cained in Chapter 155 throughtions concerning campaign of	se statement, that I have accepted my appointment by the treasurer of this candidate committee. I certify that I am an omply with all the campaign finance registration and disclosure gh 157 of the General Statutes, and to abide by any prohibitions, contributions and expenditures.
jurisdiction, any (A) under Title 9 of the oplea or the completic another such felony. I certify that I am no	felony involving fraud, forg General Statues, or that at le on of any sentence, whichev or offense.	d guilty or nolo contendere to, in a court of competent gery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or yer date is later, without a subsequent conviction of or plea to wing as a treasurer by order of the State Elections Enforcement
Commission.		
Robert K Frink		07/12/2018
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as and accept that, in th automatically become that I am an elector in disclosure requirement	the candidate's designated e event of a vacancy caused the responsible for discharging in the State of Connecticut.	se statement, that I have accepted my appointment by the deputy treasurer of this candidate committee, and I understand d by the treasurer's death, incapacity or resignation, I shall ng all of the duties required of the vacating treasurer. I certify I intend to comply with all the campaign finance registration and 155 through 157 of the General Statutes, and to abide by any ng campaign contributions and expenditures.
I certify that I have p	oaid any civil penalties or fo	orfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the G	felony involving fraud, forg General Statues, or that at le on of any sentence, whichev	d guilty or nolo contendere to, in a court of competent gery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or yer date is later, without a subsequent conviction of or plea to
I certify that I am no Enforcement Comm		ving as a deputy treasurer by order of the State Elections
Timothy J Beebe		07/11/2018

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	late 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 special beautiful as a special property of the special property of the second property o			
		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 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 se, for the reason checked above, is true, accurate and complete to the best of my ef.			
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)			