SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



							<u></u>	
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)		2. MUNICIPALITY						
				(If applicable)				
✓ Initial Amendment	Nov 2018							
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
					(If applicable	?)		
Governor								
5. PARTY AFFILIATION								
✓ Republican Democratic			Other (Spec	Spacify)				
териончин	Bemoerane		other (spec					
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Peter			Α	Thalheim				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)				
Street Address				Address				
64 Arch St								
City		State	Zip Code	City		State	Zip Code	
Riverside		СТ	06878					
9. CANDIDATE TELEPHONE 10. CANI		NDIDATE EMAIL ADDRESS						
(Include Area Code)								
475 419	4357	mrpeter@saveconnecticut.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 NAME						
✓ Initial Amendment	Peter A Thalheim						
12. COMMITTEE NAME	12. COMMITTEE NAME						
Committee to Elect Peter T	halheim Goverr	nor 2018					
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
			Email Address				
PO Box 354		I a	7: 0.1	mrpeter@saveconnecticut.com			
City		State	Zip Code 06870	Website			
Old Greenwich		СТ		www.saveconnecticut.com			
16. TREASURER NAME			T	I		1	
First Name			MI	Last Name		Suffix	
Jacquelyn				Smith			
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If differen	t)		
Street Address				Address			
407 Sand Beach Ave				407 Sound Beach Ave			
City		State	Zip Code 06870	City	State	Zip Code	
Old Greenwich		СТ	00070	Old Greenwich	СТ	06870	
19. TREASURER TELEPHON	E	20. TRE	EASURER E	MAIL ADDRESS			
(Include Area Code)							
21. DEPUTY TREASURER NA	ME		T	I			
First Name			MI	Last Name		Suffix	
Joel				Kagan			
22. DEPUTY TREASURER RESIDENCE ADDRESS 23. DEPUTY TREASURER MAILING ADDRESS (If different)							
Street Address				Address			
77 Havemeyer Ln Unit 28			Ţ			1	
City		State	Zip Code 06902	City	State	Zip Code	
Stamford		CT	00002				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS		SURER EMAIL ADDRESS					
(Include Area Code)	Include Area Code)						
26. DEPOSITORY INSTITUTION NAME							
People's United Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address Address Address Address Address							
146 Sound Beach Avenue, Old Greenwich, CT 06870							

CEEC FORM 1

Revised September 2016			
REGISTRATION TYPE	CANDIDATE NAME		
✓ Initial Amendment	Peter A Thalheim		
28. CERTIFICATION			
committee registration this statement include or deputy treasurer has	n statement are true and accurate tes my certification to the fact that a	ment, that all of the designations set forth in this candidate to the best of my knowledge and belief, and further, that any individual designated herein to serve as my treasurer ce of my appointment of them to those positions.	
Peter A Thalheim		11/10/2017	
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)	
candidate to serve as a elector in the State of requirements as conta limitations or restricting I certify that I have particularly that I have not jurisdiction, any (A) funder Title 9 of the G plea or the completion another such felony of	the candidate's designated treasure. Connecticut. I intend to comply wined in Chapter 155 through 157 closs concerning campaign contributed any civil penalties or forfeiture of been convicted of or pled guilty felony involving fraud, forgery, largeneral Statues, or that at least eight of any sentence, whichever date or offense.	ment, that I have accepted my appointment by the er of this candidate committee. I certify that I am an with all the campaign finance registration and disclosure of the General Statutes, and to abide by any prohibitions, actions and expenditures. The sassessed pursuant to Chapters 155 to 157, inclusive. The or nolo contendere to, in a court of competent receny, embezzlement or bribery, or (B) criminal offense at years have elapsed from the date of the conviction or is later, without a subsequent conviction of or plea to a treasurer by order of the State Elections Enforcement	
Jacquelyn Smith		11/13/2017	
TREASURER SIGNATURE		DATE (mm/dd/yyyy)	
candidate to serve as and accept that, in the automatically become that I am an elector in disclosure requiremer prohibitions, limitation I certify that I have particularly that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (A) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction, any (B) for any that I have no jurisdiction and the properties and the propertie	the candidate's designated deputy e event of a vacancy caused by the e responsible for discharging all of a the State of Connecticut. I intend hats as contained in Chapter 155 thr ons or restrictions concerning camp aid any civil penalties or forfeiture of been convicted of or pled guilty felony involving fraud, forgery, lar	ment, that I have accepted my appointment by the treasurer of this candidate committee, and I understand treasurer's death, incapacity or resignation, I shall the duties required of the vacating treasurer. I certify do to comply with all the campaign finance registration and rough 157 of the General Statutes, and to abide by any paign contributions and expenditures. The sassessed pursuant to Chapters 155 to 157, inclusive. The or nolo contenders to, in a court of competent receny, embezzlement or bribery, or (B) criminal offense and years have elapsed from the date of the conviction or	

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

Joel Kagan	11/10/2017
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/yyyy)

another such felony or offense.



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 becaus (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 and developed and be reported by the committee sponsoring my candidacy. The name of this spaces countries is:					
		OR				
con thou	tributions from cusand dollars (\$2)	ny campaign entirely from my own erstand funds and will not request or receive other individuals or committees and I to derstand at 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. OR				
C.	C. I do not intend to receive experiments of one thousand dollars (\$1,000).					
D. I do 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)				