SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	CEME	COMM]
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY				
✓ Initial Amendment				(If applicable)				
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER				
State Senator						(If applicable	?)	
5. PARTY AFFILIATION								
✓ Republican Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI	Last Name				Suffix
George S			Logan					
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address			Address					
10 Larovera Ter								
City		State	Zip Code	City			State	Zip Code
Ansonia		СТ	06401					
9. CANDIDATE TELEPHONE 10.			10. CANDIDATE EMAIL ADDRESS					
Include Area Code)								

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

1508

626

(Check one)

203

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

gslogan1@hotmail.com

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 CA	ANDIDATE NAME					
✓ Initial I Amendment G	eorge S Logan					
12. COMMITTEE NAME						
Re-elect Senator Logan						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address			Email Address			
PO Box 144			gslogan1@hotmail.com			
City	State	Zip Code 06401	Website			
Ansonia CT		00.01				
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Ronald		E	Swatt			
17. TREASURER RESIDENCE A	DDRESS		18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
247 Grove St						
City	State	Zip Code 06484	City	State	Zip Code	
Shelton	СТ	00404				
19. TREASURER TELEPHONE 20. TREASURER I			MAIL ADDRESS			
(Include Area Code)						
203 895 4284 ronswatt@g			l.com			
21. DEPUTY TREASURER NAM	E	T			T	
First Name		MI	Last Name		Suffix	
Deanna		M	Nemec			
			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address		Address				
69 S Cliff St				T -	T	
City	State	Zip Code 06401	City	State	Zip Code	
Ansonia	СТ	00101				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			SURER EMAIL ADDRESS			
(Include Area Code)						
203 735 8194 deanna.nemec@charter.net						
26. DEPOSITORY INSTITUTION	26. DEPOSITORY INSTITUTION NAME					
Bank of America						
27. DEPOSITORY INSTITUTION ADDRESS						
Address OT 00 40 4						
382 Main Street, Ansonia, CT 06401						

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REGISTRAT	TION TYPE	CANDIDATE NAME		
✓ Initial	Amendment	George S Logan		
28. CERTIFIC	CATION			
comm this sta or dep Geor	ittee registration atement includ	ate, under penalties of false statement, that all of the designations set forth in this candidate statement are true and accurate to the best of my knowledge and belief, and further, that a my certification to the fact that any individual designated herein to serve as my treasurer we indicated to me their acceptance of my appointment of them to those positions. 12/27/2017 DATE (mm/dd/yyyy)		
Treasurer				
I herebe candidelector required limitate I certificate I certificate under plea or another I certificate I certifi	ate to serve as in the State of ements as contained or restrict fy that I have put that I have notion, any (A). Title 9 of the Completion or such felony of the completion of	ate, under penalties of false statement, that I have accepted my appointment by the ne candidate's designated treasurer of this candidate committee. I certify that I am an Connecticut. I intend to comply with all the campaign finance registration and disclosure ned in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, and concerning campaign contributions and expenditures. I depend to the convicted of or pled guilty or nolo contendere to, in a court of competent clony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense meral Statues, or that at least eight years have elapsed from the date of the conviction or of any sentence, whichever date is later, without a subsequent conviction of or plea to offense.		
Rona	ld E Swatt	12/27/2017		
TREASU	JRER SIGNATURE	DATE (mm/dd/yyyy)		
candid and ac autom that I a disclos prohib	late to serve as cept that, in the atically becom am an elector in sure requireme itions, limitation	ate, under penalties of false statement, that I have accepted my appointment by the ne candidate's designated deputy treasurer of this candidate committee, and I understand event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall responsible for discharging all of the duties required of the vacating treasurer. I certify the State of Connecticut. I intend to comply with all the campaign finance registration and as as contained in Chapter 155 through 157 of the General Statutes, and to abide by any as or restrictions concerning campaign contributions and expenditures. d 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.

Deanna M Nemec	12/27/2017
DEPUTY 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	N FOR EXEMPTION	ON FROM FORMING A CANDIDATE COMMITTEE				
	I hereby certify that I am exempt from forming a candidate committee because (CHECK ONE)					
poli	itical committee	ate of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expenditure and decomy behavioral be amittee sponsoring my candidacy. The name of this sponsor countries is:				
		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 reconsitive for filing financial disclosure statements (SEEC Form 23) me schedule and in the annumancer as record of treasurers of candidate committees. OR				
☐ C.	I do not intend	to receive experiences 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 e, for the reason checked above, is true, accurate and complete to the best of my ef.				
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)				