SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	ME	V7 COMM						<u> </u>
REGISTRATION TYPE	TION TYPE 1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY			
✓ Initial Amendment	Nov 2018				(If applicable)			
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
						(If applicable	2)	
State Representative				050				
5. PARTY AFFILIATION	5. PARTY AFFILIATION							
Republican Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name		MI		Last Name			Suffix	
Pat				Boyd				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
398 Pomfret St				PO Box 153				
City		State	Zip Code		City		State	Zip Code
Pomfret		CT	06258		Pomfret		СТ	06258
9. CANDIDATE TELEPHONE			10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)								

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

5202

963

(Check one)

860

✓ 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.

pat@boydforct.com

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 I Amendment Pat Boyd						
12. COMMITTEE NAME						
Boyd 2018						
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address	Email Address					
PO Box 153			pat@boydforct.com			
City	State Zip Code 06258		Website			
Pomfret CT		00200	www.boydforct.com			
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Thomas		J	Sinkewicz			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
38 Railroad Ave Apt B						
City	State	Zip Code	City	State	Zip Code	
Plainfield	CT 06374					
19. TREASURER TELEPHONE	20. TRE	ASURER EM	IAIL ADDRESS			
(Include Area Code)						
860 420 7090 tsinkewicz05@sbc			eglobal.net			
21. DEPUTY TREASURER NAME						
First Name		R	Last Name		Suffix	
Anthony		I N	Perreault			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRES Address	${f S}$ (If different)	
Street Address 26 Abington Rd			PO Box 912			
City	State	Zip Code	City	State	Zip Code	
Eastford	СТ	06242	Footford	ОТ	00040	
			Eastford	СТ	06242	
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS (Include Area Code)						
	nahaco@aol.com					
000 005 1028						
26. DEPOSITORY INSTITUTION NAME						
Putnam Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
100 Averill Road, Pomfret, CT 06259				ě		

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REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendme	nt Pat Boyd	
28. CERTIFICATION		
committee regist this statement in	ration statement are true and a cludes my certification to the er have indicated to me their	alse statement, that all of the designations set forth in this candidate accurate to the best of my knowledge and belief, and further, that fact that any individual designated herein to serve as my treasurer acceptance of my appointment of them to those positions. 12/26/2017 DATE (mm/dd/yyyy)
candidate to serve lector in the Starequirements as climitations or result certify that I has I certify that I has jurisdiction, any under Title 9 of the plea or the companother such felor	e as the candidate's designate to of Connecticut. I intend to contained in Chapter 155 throstrictions concerning campaigned any civil penalties or we not been convicted of or particular penalties or the General Statues, or that at etion of any sentence, which may or offense.	alse statement, that I have accepted my appointment by the ed treasurer of this candidate committee. I certify that I am an a comply with all the campaign finance registration and disclosure ough 157 of the General Statutes, and to abide by any prohibitions, in contributions and expenditures. forfeitures assessed pursuant to Chapters 155 to 157, inclusive. led guilty or nolo contendere to, in a court of competent orgery, larceny, embezzlement or bribery, or (B) criminal offense least eight years have elapsed from the date of the conviction or ever date is later, without a subsequent conviction of or plea to erving as a treasurer by order of the State Elections Enforcement 12/26/2017 DATE (mm/dd/yyyy)
candidate to serv and accept that, i automatically be	e as the candidate's designate in the event of a vacancy caus come responsible for discharg	alse statement, that I have accepted my appointment by the ed deputy treasurer of this candidate committee, and I understand sed by the treasurer's death, incapacity or resignation, I shall ging all of the duties required of the vacating treasurer. I certify t. 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.

Anthony R Perreault	12/26/2017
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/vyyy)



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)
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 reconstructed for filing francial 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)