SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE		ΓE (mm/dd/yyyy)		2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018			(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
State Representative				(If applicable) 017				
5. PARTY AFFILIATION								
Republican • Democratic Other (Spec		(fy)						
6. CANDIDATE NAME								
First Name	N		MI	Last Name		Suffix		
Eleni	С		С	Kavros DeGraw				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address					
112 Westland Rd								
City	5	State	Zip Code	City		State	Zip Code	
Avon		CT	06001					
9. CANDIDATE TELEPHONE 1		10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)								
860 559	2093	teameleni4ct@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 CANDI	ION TYPE CANDIDATE NAME						
✓ Initial I Amendment Eleni C	Eleni C Kavros DeGraw						
12. COMMITTEE NAME							
Team Eleni for CT							
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address			Email Address				
PO Box 115							
City State Zip Coc 0600			Website				
Avon CT							
16. TREASURER NAME							
First Name		MI	Last Name	Last Name Suffix			
Gregory			Shimer				
17. TREASURER RESIDENCE ADDR	ESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address				
104 Flagg Rd			PO Box 115				
City	State	Zip Code	City	State	Zip Code		
West Hartford	СТ	O6117	Avon	СТ	06001		
19. TREASURER TELEPHONE 20. TREASURER EN			EMAIL ADDRESS				
(Include Area Code)							
860 428 7374 imageport@earthli			hlink.net				
21. DEPUTY TREASURER NAME		Tyg.	Ir or		a er		
First Name MI		MI	Last Name		Suffix		
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)				
Street Address			Address	(555	,		
City	State	Zip Code	City	State	Zip Code		
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASU			ASURER EMAIL ADDRESS				
(Include Area Code)		-					
26. DEPOSITORY INSTITUTION NAME							
Liberty Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
970 Farmington Avenue, West Ha	970 Farmington Avenue, West Hartford, CT 06107						
<u> </u>							

DEPUTY TREASURER SIGNATURE

Revised Sep	Revised September 2016					
REGISTRA	TION TYPE	CANDIDATE NAME				
Initial	Amendment	Eleni C Kavros DeGraw				
28. CERTIF	ICATION					
comn this si or dej Eler	nittee registration tatement includ	ate, under penalties of false statement, that all of the designations set forth in this candidate in statement are true and accurate to the best of my knowledge and belief, and further, that is 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. aw 11/28/2017 DATE (mm/dd/yyyy)				
Treasurer						
I here candi- electo requir	date to serve as or in the State of rements as contains.	ate, under penalties of false statement, that I have accepted my appointment by the he 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 ined in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ons concerning campaign contributions and expenditures.				
I certi	I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.					
jurisd under plea c anoth	iction, any (A) Title 9 of the Cor the completion er such felony of	ot been convicted of or pled guilty or nolo contendere to, in a court of competent relony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense eneral Statues, or that at least eight years have elapsed from the date of the conviction or nof any sentence, whichever date is later, without a subsequent conviction of or plea to roffense. otherwise barred from serving as a treasurer by order of the State Elections Enforcement				
	nission.	otherwise darred from serving as a treasurer by order of the State Elections Emorcement				
Gregory Shimer		11/28/2017				
TREASURER SIGNATURE		DATE (mm/dd/yyyy)				
candicand and acautom that I discloperate discourage and the control of the candidate and the candidat	by certify and s date to serve as ccept that, in the natically becom am an elector in sure requireme bitions, limitation	ate, under penalties of false statement, that I have accepted my appointment by the he 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 its as contained in Chapter 155 through 157 of the General Statutes, and to abide by any ns or restrictions concerning campaign contributions and expenditures.				
1 CCI ti	i certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 15/, inclusive.					
jurisd under plea c	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.					
	ify that I am not cement Commi	otherwise barred from serving as a deputy treasurer by order of the State Elections sion.				

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	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 expendit to the decomposition of the 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)				