

# SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



<b>REGISTRATION TYPE</b>		<b>1. ELECTION DATE</b> (mm/dd/yyyy)		<b>2. MUNICIPALITY</b>	
✓ Initial   Amendment		Nov 2018		(If applicable)	
<b>3. OFFICE OR POSITION SOUGHT</b>				<b>4. DISTRICT NUMBER</b>	
State Senator				(If applicable) 034	
<b>5. PARTY AFFILIATION</b>					
Republican    ✓ Democratic    Other (Specify) _____					
<b>6. CANDIDATE NAME</b>					
First Name		MI	Last Name		Suffix
Aili			McKeen		
<b>7. CANDIDATE RESIDENCE ADDRESS</b>			<b>8. CANDIDATE MAILING ADDRESS</b> (If different)		
Street Address			Address		
13 Burke Heights Dr					
City		State	Zip Code	City	Zip Code
Wallingford		CT	06492		
<b>9. CANDIDATE TELEPHONE</b>			<b>10. CANDIDATE EMAIL ADDRESS</b>		
(Include Area Code)					
203      671      4089			Ailimckeen@gmail.com		
<b>11. DESIGNATION OF CAMPAIGN FUNDING SOURCE</b>					
<b>(Check one)</b>					
✓   <b>A.</b> I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.					
Go to <b>Form 1A</b> and complete <b>pages 2 and 3</b> — Candidate Registration Statement.					
<b>B.</b> I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.					
Go to <b>Form 1B</b> and complete <b>page 4</b> — Certification of Exemption from Forming a Candidate Committee.					
<b>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.</b>					
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



<b>REGISTRATION TYPE</b>		<b>CANDIDATE NAME</b>			
✓ Initial   Amendment		Aili McKeen			
<b>12. COMMITTEE NAME</b>					
McKeen for State Senate					
<b>13. COMMITTEE ADDRESS</b>			<b>14. &amp; 15. COMMITTEE EMAIL ADDRESS &amp; WEBSITE</b>		
Address 13 Burke Heights Dr			Email Address mckeenforct@gmail.com		
City Wallingford		State CT	Zip Code 06492	Website	
<b>16. TREASURER NAME</b>					
First Name Robin		MI	Last Name Hettrick		Suffix
<b>17. TREASURER RESIDENCE ADDRESS</b>			<b>18. TREASURER MAILING ADDRESS (If different)</b>		
Street Address 5 Shetland Dr			Address		
City Wallingford		State CT	Zip Code 06492	City	State Zip Code
<b>19. TREASURER TELEPHONE</b>			<b>20. TREASURER EMAIL ADDRESS</b>		
(Include Area Code) 203 996 8859			robin.hettrick@comcast.net		
<b>21. DEPUTY TREASURER NAME</b>					
First Name Bruce		MI	Last Name Conroy		Suffix
<b>22. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>23. DEPUTY TREASURER MAILING ADDRESS (If different)</b>		
Street Address 13 Burke Hights Dr			Address		
City Wallingford		State CT	Zip Code 06492	City	State Zip Code
<b>24. DEPUTY TREASURER TELEPHONE</b>			<b>25. DEPUTY TREASURER EMAIL ADDRESS</b>		
(Include Area Code) 203 537 5437			bruceconroy@snet.net		
<b>26. DEPOSITORY INSTITUTION NAME</b>					
TD Bank					
<b>27. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 2 North Main Street, Wallingford, CT 06492					



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# SEEC FORM 1B

## STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee

Revised September 2016



REGISTRATION TYPE	CANDIDATE NAME
<input type="checkbox"/> Initial <input type="checkbox"/> Amendment	

### 12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE

I hereby certify that I am exempt from forming a candidate committee because (CHECK ONE)

A. I am one of a slate of candidates whose campaigns are being funded solely by a town committee or a political committee formed for a single election or primary and expenditures made on my behalf will be reported by the committee sponsoring my candidacy. The name of this sponsoring committee is:

\_\_\_\_\_

OR

B. I am funding my campaign entirely from my own personal funds and will not request or receive contributions from other individuals or committees and I understand that if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be responsible for filing financial disclosure statements (SEEC Form 23) according to the same schedule and in the same manner as required of treasurers of candidate committees.

OR

C. I do not intend to receive or expend funds in excess of one thousand dollars (\$1,000).

OR

D. I do not intend to receive or expend any funds, including personal funds, for this campaign.

### 13. CERTIFICATION

I hereby certify and state, under penalties of false statement, that this statement of exemption from forming a candidate committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
CANDIDATE SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)