# **SEEC FORM 1**

STATE ELECTIONS ENFORCEMENT COMMISSION

### **Registration by Candidate**

Revised September 2016



REGISTRATION TYPE         1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY				
✓ Initial   Amendment Nov 2018			(If applicable)				
3. OFFICE OR POSITION SC	OUGHT				4. DISTRICT NUMBER		
				(If applicabl	e)		
State Representative					049		
5. PARTY AFFILIATION							
Republican	<ul> <li>✓ Democratic</li> </ul>		Other (Spece	ify)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Susan			М	Johnson			
7. CANDIDATE RESIDENCE	E ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)		
Street Address				Address			
120 Bolivia St							
City		State	Zip Code	City		State	Zip Code
Willimantic		СТ	06226				
9. CANDIDATE TELEPHON	E	10. CAN	DIDATE EN	IAIL ADDRESS			
(Include Area Code)							
860 208 4572			smjohnson03@snet.net				
11. DESIGNATION OF CAM	PAIGN FUNDING	SOURCE	4				
(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>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 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					ition		

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	Susan M Johnson							
12. COMMITTEE NAME								
Elect Susan Johnson 2018								
13. COMMITTEE ADDRESS 14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE								
Address				Email Address				
120 Bolivia St								
City		State	Zip Code	Website				
Willimantic		СТ	06226					
16. TREASURER NAME			·					
First Name			MI	Last Name		Suffix		
Mary Ann				Daly				
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address				Address				
243 Church St								
City		State	Zip Code	City	State	Zip Code		
Willimantic		СТ	06226					
19. TREASURER TELEPHONE   20. TREASURER EM				IAIL ADDRESS				
(Include Area Code)								
860 942 1005 mccabedaly@gma			edaly@gma	ail.com				
21. DEPUTY TREASURER NA	AME							
First Name			MI	Last Name		Suffix		
Katherine		LS Eves						
22. DEPUTY TREASURER RI	ESIDENCE ADDR	ESS		23. DEPUTY TREASURER MAILING ADDRESS	${f S}$ (If different)	)		
Street Address				Address				
149 High Street Ct # 6226				149 High St # 6226				
City		State	Zip Code	City	State	Zip Code		
Willimantic		СТ	06226	Willimantic	СТ	06226		
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASU			URER EMAIL ADDRESS					
(Include Area Code)								
860 617 4364 kiteves@yahoo.com								
26. DEPOSITORY INSTITUT	ION NAME							
Liberty Bank								
27. DEPOSITORY INSTITUTION ADDRESS								
Address								
679 Main Street, Willimantic, CT 06226								

SEEC FORM 1A

Revised September 2016

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REGISTRA	FION TYPE	CANDIDATE NAME
✓ Initial	Amendment	Susan M Johnson
28 CERTIFICATION		

#### Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

Susan M Johnson	01/08/2018
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)

Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. 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 treasurer by order of the State Elections Enforcement Commission.

Mary Ann Daly	01/08/2018
TREASURER SIGNATURE	DATE (mm/dd/yyyy)

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. 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.

Katherine LS Eves	01/08/2018	
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/yyyy)	

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#### **SEEC FORM 1B** STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee Revised September 2016



DECICED ATION TYPE	CANDIDATE NAME		
REGISTRATION TYPE			
□ Initial □ Amendmen			
12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE			
I hereby cer	ify 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 expenditure and detaim be reported by the committee sponsoring my candidacy. The name of this space of committee is:			
	OR		
contributions fro thousand dollars	g my campaign entirely from my own verse al fun is and will not request or receive in other individuals or committees and I to terstation of if I make expenditures exceeding one (\$1,000) that I shall be reconstant for filing financial disclosure statements (SEEC Form 23) same schedule and in the campaigneer as received of treasurers of candidate committees.		
C. I do not inte			
	OR		
D. I do	nd to receive or expend any funds, including personal funds, for this campaign.		
13. CER			
I here certify and state, under penalties of false statement, that this statement of exemption from forming a candidat committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.			
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)		