SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



1			

REGISTRATION TYPE	TE (mm/dd/yyyy)		2. MUNICIPALITY				
✓ Initial Amendment	nitial Amendment Nov 2018			(If applicable)			
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NUMBER		
State Representative					(If applicable) 115		
5. PARTY AFFILIATION							
Republican • Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name			MI	Last Name		Suffix	
Dorinda			Borer				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
821 W Main St							
City		State	Zip Code	City	State	Zip Code	
West Haven		CT	06516				
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)							
203 887	6359						
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 CANDIDATE NAME						
✓ Initial I Amendment Dorinda Borer	Dorinda Borer					
12. COMMITTEE NAME						
Friends of Dorinda	Friends of Dorinda					
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address		Email Address				
146 Union Ave	_	_				
City	State	Zip Code 06516	Website			
West Haven	СТ	00010				
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Aaron		G	Charney			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
146 Union Ave						
City	State Zip Code		City	State	Zip Code	
West Haven	СТ	Г 06516				
			AAIL ADDRESS			
(Include Area Code) 203 767 6941 Aaron.Charney@gmail.com						
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
City	State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASU			URER EMAIL ADDRESS			
(Include Area Code)	20, 001	OII INLAS	Carlo de Car			
26. DEPOSITORY INSTITUTION NAME						
TD Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address COC Committee II Assessment Management CT 00540						
636 Campbell Avenue, West Haven, CT 06516						

SEEC FORM 1A Revised September 2016

REGISTRATION TYPE	CANDIDATE NAME				
✓ Initial Amendm	Dorinda Borer				
28. CERTIFICATION					
committee regis this statement in	tration statement are true a acludes my certification to	of false statement, that all of the designations set forth in this candidate and accurate to the best of my knowledge and belief, and further, that the fact that any individual designated herein to serve as my treasurer heir acceptance of my appointment of them to those positions.			
Dorinda Borer		01/05/2018			
CANDIDATE SIGNAT	URE	DATE (mm/dd/yyyy)			
elector in the Starequirements as limitations or re I certify that I has Jurisdiction, any under Title 9 of plea or the companother such fel	ate of Connecticut. I intendent contained in Chapter 155 the strictions concerning campave paid any civil penalties are not been convicted of a (A) felony involving fraud the General Statues, or that olletion of any sentence, whomy or offense.	nated treasurer of this candidate committee. I certify that I am an d to comply with all the campaign finance registration and disclosure through 157 of the General Statutes, and to abide by any prohibitions, paign contributions and expenditures. So or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. For pled guilty or nolo contendere to, in a court of competent d, forgery, larceny, embezzlement or bribery, or (B) criminal offense t at least eight years have elapsed from the date of the conviction or nichever date is later, without a subsequent conviction of or plea to			
Commission.		m serving as a treasurer by order of the State Elections Enforcement			
Aaron G Charne	<u> </u>	01/05/2018			
TREASURER SIGNAT	JRE	DATE (mm/dd/yyyy)			
candidate to servand accept that, automatically be that I am an election disclosure requirements.	we as the candidate's design in the event of a vacancy of ecome responsible for discletor in the State of Connect rements as contained in Ch	of false statement, that I have accepted my appointment by the nated deputy treasurer of this candidate committee, and I understand caused by the treasurer's death, incapacity or resignation, I shall harging all of the duties required of the vacating treasurer. I certify cicut. I intend to comply with all the campaign finance registration and napter 155 through 157 of the General Statutes, and to abide by any cerning campaign contributions and expenditures.			
I certify that I ha	ave paid any civil penalties	s or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.			
jurisdiction, any under Title 9 of	(A) felony involving fraud the General Statues, or that eletion of any sentence, who	or pled guilty or nolo contendere to, in a court of competent d, forgery, larceny, embezzlement or bribery, or (B) criminal offense t at least eight years have elapsed from the date of the conviction or nichever date is later, without a subsequent conviction of or plea to			
I certify that I as Enforcement Co		m serving as a deputy treasurer by order of the State Elections			
DEPUTY TREASURER	SIGNATURE	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	12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE					
	I hereby certify that I am exempt from forming a candidate committee because (CHECK ONE)					
poli	A. I am one of a slate of candidates whose campaigns are being funded solely was tow committee or a political committee formed for a single election or primary and expendit to the decomposition of the reported by the committee sponsoring my candidacy. The name of this spaces are committee 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)				