## **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

### Registration by Candidate

Revised September 2016



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REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)		(עעע	2. MUNICIPALITY				
* 50 1 41 4 1				(If applicable)				
Initial	Nov 2018							
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
					(If applicable	e)		
State Senator				018				
5. PARTY AFFILIATION								
Republican • Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI	Last Name S			Suffix	
Daniel	С		С	Kelley				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
23 Renee Dr								
City		State	Zip Code	City		State	Zip Code	
Pawcatuck		СТ	06379					
9. CANDIDATE TELEPHONE 10. CANDIDATE		DIDATE EM	IAIL ADDRESS					
(Include Area Code)								
860 235	0403	daniel.c.kelley@snet.net						
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	SISTRATION TYPE CANDIDATE NAME						
Initial	Daniel C Kelley						
12. COMMITTEE NAME							
Kelley 2018							
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE			
Address			Email Address				
23 Renee Dr			daniel.c.kelley@snet.net				
City State Zip Co			Zip Code 06379	Website			
Pawcatuck CT							
16. TREASURER NAME						_	
First Name			MI	Last Name		Suffix	
Dianna	a Kulmacz		Kulmacz				
17. TREASURER RESIDENCE	ADDRESS			18. TREASURER MAILING ADDRESS (If different	)		
Street Address				Address			
134 Brault Hill Rd							
City		State	Zip Code	City	State	Zip Code	
Higganum		СТ	06441				
19. TREASURER TELEPHONE 20. TREASURER EM			ASURER EM	IAIL ADDRESS			
(Include Area Code)							
21. DEPUTY TREASURER NA	ME						
First Name			MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS				23. DEPUTY TREASURER MAILING ADDRES	S (If different)		
Street Address			Address				
City		State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TE	LEPHONE	25. DEP	UTY TREAS	URER EMAIL ADDRESS			
(Include Area Code)							
26. DEPOSITORY INSTITUTION	ON NAME						
People's Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
12 Roosevelt Ave Mystic, CT 06355							
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SEEC FORM 1A Revised September 2016

REGISTRATION TYPE	CANDIDATE NAME	
Initial	Daniel C Kelley	
28. CERTIFICATION		
committee registr this statement inc	ation statement are true and a udes my certification to the	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.
Daniel C Kelley		02/08/2018
CANDIDATE SIGNATUR	Е	DATE (mm/dd/yyyy)
elector in the State requirements as column limitations or rest I certify that I have Jurisdiction, any (under Title 9 of the	e of Connecticut. I intend to ontained in Chapter 155 thro cictions concerning campaignee paid any civil penalties or the not been convicted of or play felony involving fraud, for e General Statues, or that at etion of any sentence, which	ed treasurer of this candidate committee. I certify that I am an comply with all the campaign finance registration and disclosure ugh 157 of the General Statutes, and to abide by any prohibitions, in contributions and expenditures.  If or feitures assessed pursuant to Chapters 155 to 157, inclusive.  It ded guilty or nolo contendere to, in a court of competent or gery, 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
Commission.	not otherwise barred from se	erving as a treasurer by order of the State Elections Enforcement
Dianna Kulmacz		02/08/2018
TREASURER SIGNATUR	E	DATE (mm/dd/yyyy)
candidate to serve and accept that, in automatically bec that I am an elected disclosure require	as the candidate's designate the event of a vacancy cause ome responsible for discharg or in the State of Connecticut ments as contained in Chapte	alse statement, that I have accepted my appointment by the ed deputy treasurer of this candidate committee, and I understand ed by the treasurer's death, incapacity or resignation, I shall ging all of the duties required of the vacating treasurer. I certify the I intend to comply with all the campaign finance registration and er 155 through 157 of the General Statutes, and to abide by any ming campaign contributions and expenditures.
I certify that I have	e paid any civil penalties or	forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (under Title 9 of the	A) felony involving fraud, for e General Statues, or that at etion of any sentence, which	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
I certify that I am Enforcement Con		erving as a deputy treasurer by order of the State Elections
DEPUTY TREASURER SI	GNATURE	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 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)