SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	The state of the s	VT COM						
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY			
Initial	Nov 2018				(If applicable)			
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER				
						(If applicable	2)	
State Senator				022				
5. PARTY AFFILIATION								
Republican V Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI		Last Name			Suffix
Marilyn			V		Moore			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address					Address			
666 Cleveland Ave								
City		State	Zip Coo		City		State	Zip Code
Bridgeport		СТ	0660)4				
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS							
Include Area Code)								

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

0414

913

(Check one)

203

✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

moore4senate@gmail.com

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 N	CANDIDATE NAME						
Initial I Amendment Marilyn V Moo	Marilyn V Moore						
12. COMMITTEE NAME							
Moore for Senate							
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE			
Address		Email Address					
831 White Plains Rd	_	2018mooreforsenate@gmail.com					
City State Trumbull CT		Zip Code 06611	Website				
16. TREASURER NAME							
First Name		MI	Last Name Suffix				
Tom		F	Christiano				
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address			Address				
831 White Plains Rd							
City	State	Zip Code 06611	City	State	Zip Code		
Trumbull	CT	00011					
19. TREASURER TELEPHONE 20. TREASURER E.			MAIL ADDRESS				
(Include Area Code)							
203 414 7990	m 						
21. DEPUTY TREASURER NAME			ly ay		0.00		
First Name		MI	Last Name		Suffix		
22. DEPUTY TREASURER RESIDENCE ADDR		23. DEPUTY TREASURER MAILING ADDRESS (If different)					
Street Address			Address				
City	State	Zip Code	City	State	Zip Code		
24. DEPUTY TREASURER TELEPHONE	25. DEP	UTY TREAS	SURER EMAIL ADDRESS				
(Include Area Code)							
26. DEPOSITORY INSTITUTION NAME							
TD Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
203 Trumbull Street, Hartford, CT 06103							

REGISTRATIO	N TYPE	CANDIDATE NAME	
Initial 🗸	Amendment	Marilyn V Moore	
28. CERTIFICA	TION		
committee this state	ee registration ment includ	on statement are true and access my certification to the fac	e statement, that all of the designations set forth in this candidate curate to the best of my knowledge and belief, and further, that ct that any individual designated herein to serve as my treasurer ceptance of my appointment of them to those positions.
Marilyn	V Moore		08/10/2018
CANDIDAT	E SIGNATURE		DATE (mm/dd/yyyy)
elector in requirem limitation I certify t I certify t jurisdicti under Tit plea or th	the State of the S	f Connecticut. I intend to co ained in Chapter 155 through ions concerning campaign of aid any civil penalties or for ot been convicted of or plead felony involving fraud, forg General Statues, or that at lead on of any sentence, whichever	treasurer of this candidate committee. I certify that I am an omply with all the campaign finance registration and disclosure th 157 of the General Statutes, and to abide by any prohibitions, contributions and expenditures. I guilty or nolo contendere to, in a court of competent tery, larceny, embezzlement or bribery, or (B) criminal offense ast eight years have elapsed from the date of the conviction or er date is later, without a subsequent conviction of or plea to
Commiss	sion.	t otherwise barred from serv	ring as a treasurer by order of the State Elections Enforcement
Tom F C	Christiano		08/10/2018
TREASURE	R SIGNATURE		DATE (mm/dd/yyyy)
candidate and accep automation that I am disclosur	e to serve as pt that, in th cally becom an elector in re requirement	the candidate's designated e event of a vacancy caused e responsible for discharging the State of Connecticut. Into as contained in Chapter	e statement, that I have accepted my appointment by the deputy treasurer of this candidate committee, and I understand by the treasurer's death, incapacity or resignation, I shall g all of the duties required of the vacating treasurer. I certify I intend to comply with all the campaign finance registration and 155 through 157 of the General Statutes, and to abide by any ag campaign contributions and expenditures.
I certify t	that I have p	aid any civil penalties or for	rfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdicti under Tit plea or th	on, any (A) tle 9 of the (felony involving fraud, forg General Statues, or that at least on of any sentence, whichever	I guilty or nolo contendere to, in a court of competent gery, larceny, embezzlement or bribery, or (B) criminal offense ast eight years have elapsed from the date of the conviction or er date is later, without a subsequent conviction of or plea to
	that I am no nent Comm		ring as a deputy treasurer by order of the State Elections
DEPUTY TR	REASURER SIGNA	TURE	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 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 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)