SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	EME	NT COMM							
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY				
Initial	Nov 2018				(If applicable)				
3. OFFICE OR POSITION SOUGHT						4. DISTRICT NUMBER			
Governor						(If applicable	e)		
5. PARTY AFFILIATION									
Republican Democratic • Other (Specify) Unaffiliated									
6. CANDIDATE NAME									
First Name			MI		Last Name S			Suffix	
Marisa				Manley					
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)					
Street Address			Address						
81 Greens Farms Rd									
City		State	Zip Code		City		State	Zip Code	
Westport		СТ	06880)					
9. CANDIDATE TELEPHONE 10. CANDIDATE I			E EM	IAIL ADDRESS					
(Include Area Code)									

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

7446

571

(Check one)

203

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

marisa@manleyforct.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 NAME							
Initial 🗸 Amendment	Marisa Manley						
12. COMMITTEE NAME							
Manley for Connecticut							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	VEBSITE		
Address				Email Address			
58 Whitney Gln							
City			Zip Code	Website			
Westport C ⁻		СТ	06880	https://www.manleyforct.com			
16. TREASURER NAME							
First Name			MI	Last Name		Suffix	
Pattie				VonGretener			
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
58 Whitney Gln							
City		State	Zip Code	City	State	Zip Code	
Westport		СТ	06880				
19. TREASURER TELEPHON	IE .	20. TRE	ASURER EM	IAIL ADDRESS			
(Include Area Code) 203 829 0211 Pattie@manleyforct			ct.com				
21. DEPUTY TREASURER NA	AME						
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 TREAS			URER EMAIL ADDRESS	•			
(Include Area Code)							
26. DEPOSITORY INSTITUTION NAME							
People's United Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
371 Post Road East, Westport, CT 06880							

REGISTRATION TYPE	CANDIDATE NAME	
Initial	Marisa Manley	
8. CERTIFICATION		
committee registratio this statement include	n statement are true and accurate to s my certification to the fact that an	ent, that all of the designations set forth in this candidate the best of my knowledge and belief, and further, that y individual designated herein to serve as my treasurer of my appointment of them to those positions.
Marisa Manley		07/01/2018
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State of requirements as conta limitations or restricting I certify that I have particularly that I have particularly that I have not jurisdiction, any (A) funder Title 9 of the G	the candidate's designated treasurer Connecticut. I intend to comply wi ined in Chapter 155 through 157 of ons concerning campaign contribution and any civil penalties or forfeitures at the been convicted of or pled guilty of celony involving fraud, forgery, large eneral Statues, or that at least eight in of any sentence, whichever date is	ont, that I have accepted my appointment by the of this candidate committee. I certify that I am an th all the campaign finance registration and disclosure the General Statutes, and to abide by any prohibitions, ons and expenditures. assessed pursuant to Chapters 155 to 157, inclusive. It nolo contendere to, in a court of competent eny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or later, without a subsequent conviction of or plea to
I certify that I am not Commission.		treasurer by order of the State Elections Enforcement
Pattie VonGretener		07/01/2018
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as and accept that, in the automatically become that I am an elector in disclosure requirement	the candidate's designated deputy tree event of a vacancy caused by the tree responsible for discharging all of the the State of Connecticut. I intend to	easurer of this candidate committee, and I understand easurer's death, incapacity or resignation, I shall ne duties required of the vacating treasurer. I certify o comply with all the campaign finance registration and 157 of the General Statutes, and to abide by any ign contributions and expenditures.
I certify that I have pa	aid any civil penalties or forfeitures	assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) tunder Title 9 of the G	elony involving fraud, forgery, larce eneral Statues, or that at least eight; n of any sentence, whichever date is	r nolo contendere to, in a court of competent eny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or later, without a subsequent conviction of or plea to
I certify that I am not Enforcement Commis		deputy treasurer by order of the State Elections



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)		
A. I am one of a slate of candidates whose campaigns are being funded solely y a 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 space of 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)		