SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			vyy)	2. MUNICIPALITY				
✓ Initial Amendment Nov 2018				(If applicable)				
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NUMBER			
					(If applicable)			
State Representative					118			
5. PARTY AFFILIATION								
✓ Republican	Democratic		Other (Spece	ify)				
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Connie				Jagodzinski				
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
27 Berkeley Ter								
City		State	Zip Code	City		State	Zip Code	
Milford		СТ	06460					
9. CANDIDATE TELEPHON	١E	10. CAN	DIDATE EN	DATE EMAIL ADDRESS				
(Include Area Code)								
203 876	2749	connie	ejago@aol.c	com				
11. DESIGNATION OF CAN	IPAIGN FUNDING	SOURCE						
(Check one)								
Registration	n Statement.			am required to file a Candidate	Comm	nittee		
		pu <u>s</u> es -		analaale Registration Statement.				
	pt from forming ng a Candidate C			mittee and I am filing a Certifi	cation o	of Exem	ption	
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 <i>together with</i> either Form 1A, "Registration of Candidate Committee," <i>or</i> 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

City State Zip Code Ode Ode Ode State Zip Code Milford CT Ode Ode Ode State Zip Code State Zip Code 10. TREASURER TELEPHONE 20. TREASURER EMULE 20. TREASURER EMULE State Zip Code 203 876 8177 Depmit-USZ@sbc/Sig State	REGISTRATION TYPE	CANDIDATE NA	AME					
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	33 Braod Street, Milford, CT 06460							

SEEC FORM 1A

Revised September 2016

Page 3 of 4

REGISTRA	TION TYPE	CANDIDATE NAME
🖌 Initial	Amendment	Connie Jagodzinski
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.

Connie Jagodzinski	01/13/2018
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.

Paula L Smith	01/07/2018
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.

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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 Amendment				
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 expendit the solely of the committee sponsoring my candidacy. The name of this sponsor is committee is:				
	OR			
contributions fro thousand dollars	■ B. I am funding my campaign entirely from my own verse of funds of will not request or receive contributions from other individuals or committees and I to lerse of the if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be remember of filing. Spancial disclosure statements (SEEC Form 23) according to the same schedule and in the annument of the same schedule and in the annument of the same schedule and in the sam			
C. I do not inte				
	OR			
D. I do	nd to receive or expend any funds, including personal funds, for this campaign.			
13. CER				
	nd state, under penalties of false statement, that this statement of exemption from forming a ttee, for the reason checked above, is true, accurate and complete to the best of my elief.			
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)			