SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			(עעע)	2. MUNICIPALITY			
✓ Initial Amendment	Nov 2018			(If applicable)			
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER			
State Senator				(If applicable) 023			
5. PARTY AFFILIATION							
Republican	✔ Democratic		Other (Speci	(f))			
6. CANDIDATE NAME							
First Name			MI	Last Name Suffix			Suffix
Carolyn	arolyn			Vermont			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
90 Dodd Ave				Address			
City		State	Zip Code	City		State	Zip Code
Bridgeport		СТ	06606				
9. CANDIDATE TELEPHONE		10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
203 685	5709	DCVe	rmont@sbc	global.net			
11. DESIGNATION OF CAM	IPAIGN FUNDING	SOURCE	1				
(Check one)							
✓ A Lam formi	no a candidate	commit	ttee and I	am required to file a Candidate	Comm	ittee	

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 NA	CANDIDATE NAME					
✓ Initial I Amendment Carolyn M Veri	Carolyn M Vermont					
12. COMMITTEE NAME						
Vermont For State Senate						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address		Email Address				
90 Dodd Ave			dcvermont@sbcglobal.net			
City	State	Zip Code 06606	Website			
Bridgeport	СТ	00000	vermontforsenate.com			
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Joanne		Т	Butler			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
315 Burritt Ave						
City	State Zip Code 06615		City	State	Zip Code	
Stratford						
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS			
(Include Area Code)						
203 727 3819 jotruly@opt			net			
21. DEPUTY TREASURER NAME		ı				
First Name		MI	Last Name		Suffix	
Sylvia		D	Woolfolk-Martin			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
85 Corinthian Ave						
City	State	Zip Code 06615-	City	State	Zip Code	
Stratford	CT	6540				
		URER EMAIL ADDRESS				
(Include Area Code)	_					
203 414 2288	serioussylvia@gmail.com					
26. DEPOSITORY INSTITUTION NAME						
People's United Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
850 Main Street, Bridgeport, CT 06604						

SEEC FORM 1A

Revised September 2016			
REGISTRATION TYPE	CANDIDATE NAME		
✓ Initial Amendment	Carolyn M Vermont		
28. CERTIFICATION			
committee registration this statement include or deputy treasurer ha	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.	
Carolyn M Vermont		01/23/2018	
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)	
candidate to serve as telector in the State of requirements as contalimitations or restriction. I certify that I have particularly that I have not jurisdiction, any (A) for under Title 9 of the Goplea or the completion another such felony or	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 of 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 r offense.	ent, 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, sons and expenditures. assessed pursuant to Chapters 155 to 157, inclusive. I 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	
Joanne T Butler		01/23/2018	
TREASURER SIGNATURE		DATE (mm/dd/yyyy)	
candidate to serve as tand accept that, in the automatically become that I am an elector in disclosure requirement prohibitions, limitation I certify that I have particularly that I have no jurisdiction, any (A) founder Title 9 of the Go	the candidate's designated deputy treevent of a vacancy caused by the tree responsible for discharging all of the state of Connecticut. I intend that as contained in Chapter 155 through or restrictions concerning campared any civil penalties or forfeitures of been convicted of or pled guilty of celony involving fraud, forgery, large eneral Statues, or that at least eight	ent, that I have accepted my appointment by the easurer of this candidate committee, and I understand reasurer's death, incapacity or resignation, I shall he duties required of the vacating treasurer. I certify to comply with all the campaign finance registration and tagh 157 of the General Statutes, and to abide by any ign contributions and expenditures. assessed pursuant to Chapters 155 to 157, inclusive. I 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	

01/23/2018 Sylvia D Woolfolk-Martin DEPUTY TREASURER SIGNATURE DATE (mm/dd/yyyy)

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections

another such felony or offense.

Enforcement Commission.



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 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)