SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



		WT ~ CO.								
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			(עעעע		2. MUNICIPALITY					
✓ Initial Amendment				(If applicable)						
Nov 2018										
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER					
							(If applicable	2)		
State Representative					047					
5. PARTY AFFILIATION										
✓ Republican Democratic Other (Specify)										
6. CANDIDATE NAME										
First Name			MI		Last Name				Suffix	
Doug					Dubitsky					
7. CANDIDATE RESIDENCE ADDRESS					8. CANDIDATE MAILING ADDRESS (If different)					
Street Address					Address					
125 N Bear Hill Rd					PO Box 140					
City		State	Zip Cod		City			State	Zip Code	
Chaplin		СТ	0623	5	Chaplin			СТ	06235	
9. CANDIDATE TELEPHONE 10. CANDIDA				ГЕ ЕМ	IAIL ADDRESS					
(Include Area Code)										
860 933	9495	doug.dubitsky@mail.com								

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 CANDIDATE NAME							
✓ Initial I Amendment Doug Dubitsky	Doug Dubitsky						
12. COMMITTEE NAME							
Doug for CT							
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE						
Address		Email Address					
PO Box 140	Lac	I a. a. i					
City	State	Zip Code 06235	Website				
Chaplin	СТ						
16. TREASURER NAME							
First Name		MI	Last Name Suffix				
Lisa		А	Rose				
17. TREASURER RESIDENCE ADDRESS Street Address			18. TREASURER MAILING ADDRESS (If different)				
			Address				
202 Tower Hill Rd	1						
City	State	Zip Code 06235	City	State	Zip Code		
Chaplin		00200					
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS				
(Include Area Code) 860 377 3442	⊋gmail.com						
21. DEPUTY TREASURER NAME							
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. DEPUTY TREAS			URER EMAIL ADDRESS				
(Include Area Code)							
26. DEPOSITORY INSTITUTION NAME							
Savings Institute							
27. DEPOSITORY INSTITUTION ADDRESS							
Address 474 Poeton Poet Poed North Windham C	T OSSES						
474 Boston Post Road, North Windham, CT 06256							

SEEC FORM 1A Revised September 2016

REGISTRATION TYPE	CANDIDATE NAME	
/ Initial Amendment	Doug Dubitsky	
8. CERTIFICATION		
committee registration this statement include	state, under penalties of false statement, that all of the designations set forth in this cand on statement are true and accurate to the best of my knowledge and belief, and further, the les my certification to the fact that any individual designated herein to serve as my treasurate indicated to me their acceptance of my appointment of them to those positions.	hat
Doug Dubitsky	01/30/2018	
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)	
candidate to serve as elector in the State of requirements as contalimitations or restrict I certify that I have p I certify that I have n jurisdiction, any (A) under Title 9 of the C	state, under penalties of false statement, that I have accepted my appointment by the a the candidate's designated treasurer of this candidate committee. I certify that I am an a f Connecticut. I intend to comply with all the campaign finance registration and discloss cained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions concerning campaign contributions and expenditures. I according to the conviction of the General Statutes and to abide by any prohibition of the convicted of or pled guilty or no contender to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offer General Statues, or that at least eight years have elapsed from the date of the conviction on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.	ons, e. nse or
Commission.	t otherwise barred from serving as a treasurer by order of the State Elections Enforceme	ent
Lisa A Rose	01/30/2018	
TREASURER SIGNATURE	DATE (mm/dd/yyyy)	
candidate to serve as and accept that, in the automatically becom that I am an elector in disclosure requireme	state, under penalties of false statement, that I have accepted my appointment by the the candidate's designated deputy treasurer of this candidate committee, and I understate event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall be responsible for discharging all of the duties required of the vacating treasurer. I certify in the State of Connecticut. I intend to comply with all the campaign finance registration ents as contained in Chapter 155 through 157 of the General Statutes, and to abide by an ons or restrictions concerning campaign contributions and expenditures.	fy n and
I certify that I have p	paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive	e .
jurisdiction, any (A) under Title 9 of the (not been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offer General Statues, or that at least eight years have elapsed from the date of the conviction on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.	or
another such felony (
•	t otherwise barred from serving as a deputy treasurer by order of the State Elections ission.	



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)