SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy				2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018			(If applicable)				
3. OFFICE OR POSITION SOUGHT					4.	DISTRICT NUM	MBER	
State Representative					1.7	applicable) 74		
5. PARTY AFFILIATION								
✓ Republican	Democratic		Other ((Specify)				
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Stephanie			E	Cummings				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MA	8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address				
66 Fleetwood Dr				66 Fleetwood Dr				
City		State	Zip Code	City		State	Zip Code	
Waterbury		СТ	06705	Waterbury		СТ	06706	
9. CANDIDATE TELEPHONE 10. CA			NDIDATE EMAIL ADDRESS					
(Include Area Code)								
203 695	2038	stenh	nanie e ci	ımminas@amail.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 NA	AME					
✓ Initial I Amendment Stephanie E Cummings						
12. COMMITTEE NAME						
Cummings for the 74th						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address			Email Address			
185 Pierpoint Rd						
City	State Zip Code 06705		Website			
Waterbury	СТ	00703				
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Allyn			Demaida			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
185 Pierpont Rd						
City	State	Zip Code	City	State	Zip Code	
Waterbury	CT 06705					
19. TREASURER TELEPHONE	20. TRE	EASURER EN	MAIL ADDRESS			
(Include Area Code)						
203 754 3830 allyndemaida@yal			thoo.com			
21. DEPUTY TREASURER NAME		_				
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 TRI			SURER EMAIL ADDRESS			
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
Webster Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
145 Bank Street, Waterbury, CT 06702						

DEPUTY TREASURER SIGNATURE

·	tember 2016				
REGISTRA	TION TYPE	CANDIDATE NAME			
Initial	Amendment	Stephanie E Cummings			
8. CERTIF	ICATION				
this s	nittee registration tatement includ	state, under penalties of false statement, that all of to on statement are true and accurate to the best of my es my certification to the fact that any individual de- ave indicated to me their acceptance of my appoint	knowledge and belief, and further, that esignated herein to serve as my treasurer		
	IDATE SIGNATURE				
CAND	DATE SIGNATORE		DATE (mm/dd/yyyy)		
candi electo requi limita I cert I cert	date to serve as or in the State or ements as contitions or restrict ify that I have p	tate, under penalties of false statement, that I have the candidate's designated treasurer of this candidate. Connecticut. I intend to comply with all the campained in Chapter 155 through 157 of the General Stations concerning campaign contributions and expensional and civil penalties or forfeitures assessed pursuant of been convicted of or pled guilty or nolo contended.	ate committee. I certify that I am an paign finance registration and disclosure ratutes, and to abide by any prohibitions, ditures. ant to Chapters 155 to 157, inclusive. ere to, in a court of competent		
under plea c anoth	Title 9 of the Cor the completion er such felony of	felony involving fraud, forgery, larceny, embezzler General Statues, or that at least eight years have elaps on of any sentence, whichever date is later, without or offense. It otherwise barred from serving as a treasurer by ore	osed from the date of the conviction or a subsequent conviction of or plea to		
Allyn	Demaida		02/01/2018		
TREAS	URER SIGNATURE		DATE (mm/dd/yyyy)		
candi and a auton that I disclo prohi	by certify and so date to serve as eccept that, in the natically become am an elector in osure requirementations, limitations	tate, under penalties of false statement, that I have the candidate's designated deputy treasurer of this e event of a vacancy caused by the treasurer's death e responsible for discharging all of the duties require the State of Connecticut. I intend to comply with this as contained in Chapter 155 through 157 of the cons or restrictions concerning campaign contribution aid any civil penalties or forfeitures assessed pursu	candidate committee, and I understand n, incapacity or resignation, I shall red of the vacating treasurer. I certify all the campaign finance registration and General Statutes, and to abide by any ons and expenditures.		
I cert jurisd under plea c anoth	ify that I have n iction, any (A) Title 9 of the Cor the completion or such felony of	ot been convicted of or pled guilty or nolo contended felony involving fraud, forgery, larceny, embezzler General Statues, or that at least eight years have elapted on of any sentence, whichever date is later, without or offense.	ere to, in a court of competent ment or bribery, or (B) criminal offense osed from the date of the conviction or a subsequent conviction of or plea to		

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	12. REASON FOR EXEMPTION 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 was town committee or a political committee formed for a single election or primary and expendit to the decomposition of the properties of the committee sponsoring my candidacy. The name of this spaces countries:						
		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)				