SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	COME	VT COMM					<u> </u>	
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018			(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
State Representative				(If applicable) 036				
5. PARTY AFFILIATION								
Republican V Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Christine			Palm					
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address				Address				
29 E Liberty St								
City		State	Zip Code	City		State	Zip Code	
Chester		СТ	06412					
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS							
(Include Area Code)								

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

2145

836

(Check one)

860

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

christinealicepalm@gmail.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 NA	CANDIDATE NAME				
✓ Initial I Amendment Christine A Pal	Christine A Palm				
12. COMMITTEE NAME					
Friends of Christine Palm					
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address			Email Address		
29 E Liberty St			christinealicepalm@gmail.com		
City State Zip Code 06412			Website		
Chester CT					
16. TREASURER NAME					
First Name		MI	Last Name Suffix		
Dianna			Kulmacz		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
134 Brault Hill Rd					
City	State	Zip Code	City	State	Zip Code
Higganum	CT	06441			
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS		
(Include Area Code)					
860 301 2492 pacs.ct@comcast.			net		
21. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
Nicholas M			Teeling		
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address Address					
224 Torringford St				I I	
City	State	Zip Code 06098	City	State	Zip Code
Winsted	CT	00000			
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS		
(Include Area Code)		0			
860 689 6787	nicholas.teeling@uconn.edu				
26. DEPOSITORY INSTITUTION NAME					
Essex Savings Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address					
Saybrook Road, Chester, CT	Saybrook Road, Chester, CT				

SEEC FORM 1A Revised September 2016		Page 3 of 4
REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendment	Christine A Palm	
28. CERTIFICATION		
committee registration this statement include	on statement are true and accura es my certification to the fact th	atement, that all of the designations set forth in this candidate ate to the best of my knowledge and belief, and further, that hat any individual designated herein to serve as my treasurer tance of my appointment of them to those positions.
Christine A Palm		02/02/2018
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State of requirements as contilimitations or restrict. I certify that I have purisdiction, any (A) under Title 9 of the Coplea or the completion another such felony of	the candidate's designated treat Connecticut. I intend to compained in Chapter 155 through 15 ions concerning campaign contraid any civil penalties or forfeit of been convicted of or pled guifelony involving fraud, forgery. General Statues, or that at least en of any sentence, whichever do or offense.	atement, that I have accepted my appointment by the surer of this candidate committee. I certify that I am an ally with all the campaign finance registration and disclosure 57 of the General Statutes, and to abide by any prohibitions, ributions and expenditures. Tures assessed pursuant to Chapters 155 to 157, inclusive. Tilty or nolo contendere to, in a court of competent, larceny, embezzlement or bribery, or (B) criminal offense eight years have elapsed from the date of the conviction or ate is later, without a subsequent conviction of or plea to 102/02/2018
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 prohibitions, limitation I certify that I have purisdiction, any (A)	the candidate's designated depose event of a vacancy caused by e responsible for discharging all the State of Connecticut. I into th	atement, that I have accepted my appointment by the uty treasurer of this candidate committee, and I understand the treasurer's death, incapacity or resignation, I shall I of the duties required of the vacating treasurer. I certify tend to comply with all the campaign finance registration and through 157 of the General Statutes, and to abide by any ampaign contributions and expenditures. The treasurer's death, incapacity or resignation, I shall I of the duties required of the vacating treasurer. I certify tend to comply with all the campaign finance registration and through 157 of the General Statutes, and to abide by any ampaign contributions and expenditures. The treasurer's death, incapacity or resignation, I shall I of the date by any ampaign to comply with all the campaign finance registration and through 157 of the General Statutes, and to abide by any ampaign contributions and expenditures. The treasurer is death, incapacity or resignation, I shall I of the date by any ampaign contribution and through 157 of the General Statutes, and to abide by any ampaign contributions and expenditures. The treasurer is death, incapacity or resignation, I shall I of the date by any ampaign contribution and through 157 of the General Statutes, and to abide by any ampaign contributions and expenditures.

plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to

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

02/02/2018 Nicholas M Teeling DEPUTY TREASURER SIGNATURE

Enforcement Commission.

another such felony or offense.

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	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 soler, y a toy compittee or a political committee formed for a single election or primary and expendit to the temporal description of the reported by the committee sponsoring my candidacy. The name of this sponsor countries is:					
		OR			
con thou	tributions from cusand dollars (\$	ny campaign entirely from my own erstand funds and will not request or receive other individuals or committees and I to derstand at if I make expenditures exceeding one 1,000) that I shall be reconstant for filing francial disclosure statements (SEEC Form 23) me schedule and in the tank manner as record of treasurers of candidate committees. OR			
C.	I do not intend	to receive experience 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 se, for the reason checked above, is true, accurate and complete to the best of my ef.			
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)			