SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	P
2. MUNICIPALITY	
(If applicable)	

REGISTRATION TYPE	E (mm/dd/y	(צעצי	2. MUNICIPALITY					
Total Al Amondonia				(If applicable)				
Initial ✓ Amendment Nov 2018								
3. OFFICE OR POSITION SO	OUGHT				4. DISTRICT NUMBER			
					(If applicable)			
State Senator					033			
5. PARTY AFFILIATION								
✓ Republican Democratic Other (Sp				(fy)				
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Melissa			Н	Ziobron				
7. CANDIDATE RESIDENCE	E ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
181 Petticoat Ln								
City		State	Zip Code	City		State	Zip Code	
East Haddam	СТ	06423						
9. CANDIDATE TELEPHON	Œ	10. CAN	10. CANDIDATE EMAIL ADDRESS					
Include Area Code)								
860 873 1153 mziobron1			ron101@gn	01@gmail.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	Melissa H Ziobron						
12. COMMITTEE NAME							
MZ 2018							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address				Email Address			
181 Petticoat Ln			_	contact@melissaziobron.com			
City		State	Zip Code 06423	Website			
East Haddam		CT	00423	www.melissaziobron.com			
16. TREASURER NAME							
First Name			MI	Last Name Suffix			
Laurie				Miller			
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different	9)		
Street Address				Address			
9 Palmer Martin Rd							
City		State	Zip Code	City	State	Zip Code	
East Haddam		CT	06423				
19. TREASURER TELEPHON	E	20. TRE	ASURER EM	MAIL ADDRESS			
(Include Area Code)							
		lamille	r8@att.net				
21. DEPUTY TREASURER NA	ME		l.a	I		To or	
First Name			MI	Last Name		Suffix	
Dave				Balthazar			
22. DEPUTY TREASURER RESIDENCE ADDRESS				23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
85 N Main St # 9-B					_		
City		State	Zip Code 06424	City	State	Zip Code	
East Hampton		CT	00424				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS							
(Include Area Code)							
860 267 0723 dbalthazar99@comcast.net							
26. DEPOSITORY INSTITUTION NAME							
Liberty Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
29 WF Palmer Rd. Moodus, CT 06469							

Dave Balthazar

DEPUTY TREASURER SIGNATURE

Revised September 2016						
REGISTRATION TYPE	CANDIDATE NAME					
Initial	Melissa H Ziobron					
28. CERTIFICATION						
committee registrat this statement inclu	ion statement are true and accurate des my certification to the fact the	atement, that all of the designations set forth in this candidate ate to the best of my knowledge and belief, and further, that nat any individual designated herein to serve as my treasurer tance of my appointment of them to those positions. O2/13/2018 DATE (mm/dd/yyyy)				
Treasurer						
I hereby certify and candidate to serve a elector in the State requirements as con limitations or restri I certify that I have I certify that I have jurisdiction, any (A under Title 9 of the plea or the complet another such felony	as the candidate's designated treat of Connecticut. I intend to computation in Chapter 155 through 1 ctions concerning campaign contend any civil penalties or forfeit not been convicted of or pled gut) felony involving fraud, forgery General Statues, or that at least of ion of any sentence, whichever descriptions.	atement, that I have accepted my appointment by the surer of this candidate committee. I certify that I am an oly with all the campaign finance registration and disclosure 57 of the General Statutes, and to abide by any prohibitions, cributions and expenditures. tures assessed pursuant to Chapters 155 to 157, inclusive. ilty or nolo contendere to, in a court of competent capter, larceny, embezzlement or bribery, or (B) criminal offense eight years have elapsed from the date of the conviction or late is later, without a subsequent conviction of or plea to				
Commission.	0.000.000	wo w v. cutout of crace of crace state sta				
Laurie Miller		02/13/2018				
TREASURER SIGNATURE		DATE (mm/dd/yyyy)				
candidate to serve a and accept that, in the automatically become that I am an elector disclosure requirement prohibitions, limitated I certify that I have I certify that I have jurisdiction, any (A under Title 9 of the plea or the complete another such felony	as the candidate's designated dep the event of a vacancy caused by me responsible for discharging al in the State of Connecticut. I im- tents as contained in Chapter 155 tions or restrictions concerning co- paid any civil penalties or forfeit not been convicted of or pled gu) felony involving fraud, forgery General Statues, or that at least of ion of any sentence, whichever do or offense.	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 5 through 157 of the General Statutes, and to abide by any ampaign contributions and expenditures. tures assessed pursuant to Chapters 155 to 157, inclusive. A littly or nolo contendere to, in a court of competent conviction or late is later, without a subsequent conviction of or plea to gas a deputy treasurer by order of the State Elections				
Enforcement Comr		· · · · · · · · · · · · · · · · · · ·				

02/13/2018

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 solely, y a toy compite political committee formed for a single election or primary and expendit and dear my behand be reported by the committee sponsoring my candidacy. The name of this spaces control 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 a 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.		
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)		