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 S	4. DISTRICT NUMBER			
			(If applicable)	
State Senator			033	
5. PARTY AFFILIATION				
D1-1'	1 Democratic			

State Seriator				033		
5. PARTY AFFILIATION						
Republican • Democratic		Other (Specify)				
6. CANDIDATE NAME						
First Name		MI	Last Name			Suffix
Norman		М	Needleman			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)		
Street Address			Address			
24 Book Hill Woods Rd						
City	State	Zip Code	City		State	Zip Code
Essex	СТ	06426				
9. CANDIDATE TELEPHONE 10. CA		0. CANDIDATE EMAIL ADDRESS				
(Include Area Code)						
860 767 2127	NMN@Towerlabs.o		.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 Norman M Needleman					
12. COMMITTEE NAME					
Norm 2018					
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address			Email Address		
			nmn@towerlabs.com		
City State Zip Code 06409			Website		
Centerbrook CT		00100			
16. TREASURER NAME					
First Name		MI	Last Name		Suffix
Lon			Seidman		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
76 Bushy Hill Rd					
City	State	Zip Code	City	State	Zip Code
Ivoryton	СТ	06442			
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS		
(Include Area Code)					
860 577 0566 LonSeidman@gmai			ail.com		
21. DEPUTY TREASURER NAME		l M	Last Name		Suffix
First Name MI		IVII			Sullix
Lynn Mehrtens					
			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address		
Street Address 3 Salt Meadow Ln					
City	State	Zip Code	City	State	Zip Code
Old Saybrook	СТ	06475			
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMA			URER EMAIL ADDRESS		
(Include Area Code)		0-			
860 767 2127 Lynnm@Towerlabs.com					
26. DEPOSITORY INSTITUTION NAME					
Essex Savings Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address					
35 Plains Road, PO Box 950, Essex, CT 06426					

SEEC FORM 1A Revised September 2016

Lynn Mehrtens

DEPUTY TREASURER SIGNATURE

Revised September 2016						
REGIST	RATION TYPE	CANDIDATE NAME				
Initia	1 Amendment	Norman M Needleman				
28. CER	ΓΙΓΙCATION					
co thi or	mmittee registrations statement include	state, under penalties of false statement, that all of the designations set forth in this candidate on statement are true and accurate to the best of my knowledge and belief, and further, that les my certification to the fact that any individual designated herein to serve as my treasurer have indicated to me their acceptance of my appointment of them to those positions. O2/06/2018				
Treasurer						
I h car ele rec	ndidate to serve as ector in the State of quirements as cont	state, under penalties of false statement, that I have accepted my appointment by the the candidate's designated treasurer of this candidate committee. I certify that I am an f Connecticut. I intend to comply with all the campaign finance registration and disclosure ained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, tions concerning campaign contributions and expenditures.				
I c jur	I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense					
ple		General Statues, or that at least eight years have elapsed from the date of the conviction or on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.				
	ertify that I am no ommission.	t otherwise barred from serving as a treasurer by order of the State Elections Enforcement				
L	Lon Seidman 02/06/2018					
TF	REASURER SIGNATURE	DATE (mm/dd/yyyy)				
can au tha dis pro I c I c jur un ple an	ereby certify and solution and date to serve as discourted accept that, in the tomatically become at I am an elector is aclosure requiremental phibitions, limitative ertify that I have president and I have president and I have a finitely that I have a	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 understand be 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 and ents as contained in Chapter 155 through 157 of the General Statutes, and to abide by any ons or restrictions concerning campaign contributions and expenditures. In additional contended of the convicted of or pled guilty or nolo contender to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense. General Statues, or that at least eight years have elapsed from the date of the conviction or on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense. It otherwise barred from serving as a deputy treasurer by order of the State Elections				
	forcement Commi					

02/05/2018

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)					
poli	A. I am one of a slate of candidates whose campaigns are being funded solely was tow committee or a political committee formed for a single election or primary and expendit to the decomposition of the property of the committee sponsoring my candidacy. The name of this spaces committee 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 experiments of one thousand dollars (\$1,000).						
D. I do to receive 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)				