### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## **Registration by Candidate**

Revised September 2016



REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)		(עעעי	2. MUNICIPALITY			
✓ Initial   Amendment	Nov 2018			(If applicable)			
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
				(If applicable)			
State Representative	tate Representative				034		
5. PARTY AFFILIATION							
✓ Republican	Democratic		Other (Speci	(f)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Irene			М	Haines			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address				
112 Shanaghan Rd							
City		State	Zip Code	City		State	Zip Code
East Haddam		СТ	06423				
9. CANDIDATE TELEPHONE 10			10. CANDIDATE EMAIL ADDRESS				
(Include Area Code)							
860 608	8931	irenehaines2018@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



EGISTRATION TYPE CANDIDATE NAME						
✓ Initial I Amendment Irene M Hai	Irene M Haines					
12. COMMITTEE NAME						
Haines2018						
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & W	VEBSITE				
Address			Email Address			
112 Shanaghans Rd			irenehaines2018@gmail.com			
City	State	Zip Code <b>06423</b>	Website			
East Haddam	СТ	00420	www.haines2018.com			
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Marie			Forsyth			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
11 Barberry Ln						
City	State	Zip Code	City	State	Zip Code	
Moodus	СТ	06469				
19. TREASURER TELEPHONE 20. TREASURER EM			MAIL ADDRESS			
(Include Area Code)						
860 891 8092 marieforsyth@com			mcast.net			
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 TREAS		SURER EMAIL ADDRESS				
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
Liberty Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
William Palmer Rd Moodus, CT 06469						

SEEC FORM 1A Revised September 2016

REGISTRATION TYPE	CANDIDATE NAME	
/ Initial   Amendment	Irene M Haines	
B. CERTIFICATION		
committee registration this statement include	state, under penalties of false statement, that all of the designations set forth in this car on statement are true and accurate to the best of my knowledge and belief, and further, les my certification to the fact that any individual designated herein to serve as my treative indicated to me their acceptance of my appointment of them to those positions.	, that
Irene M Haines	02/13/2018	
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)	
candidate to serve as elector in the State of requirements as conta limitations or restrict.  I certify that I have pure in the state of the contact of the state	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 a f Connecticut. I intend to comply with all the campaign finance registration and disclerated in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions concerning campaign contributions and expenditures.  The penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive to 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 off General Statues, or that at least eight years have elapsed from the date of the conviction of any sentence, whichever date is later, without a subsequent conviction of or plea	osure itions, ve.
Commission.	t otherwise barred from serving as a treasurer by order of the State Elections Enforcen	nent
Marie Forsyth	02/10/2018	
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	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 unders e 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 cert in the State of Connecticut. I intend to comply with all the campaign finance registrations as contained in Chapter 155 through 157 of the General Statutes, and to abide by a cons or restrictions concerning campaign contributions and expenditures.	tify ion and
I certify that I have p	paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive	ve.
jurisdiction, any (A) under Title 9 of the C	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 off General Statues, or that at least eight years have elapsed from the date of the conviction of any sentence, whichever date is later, without a subsequent conviction of or plea or offense.	n or
T	t atherwise harred from serving as a deputy transurer by order of the State Elections	
I certify that I am not Enforcement Commi	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	A. I am one of a slate of candidates whose campaigns are being funded soler, y a tow correlate or a political committee formed for a single election or primary and expendit to the description of this space of the committee sponsoring my candidacy. The name of this space of the committee sponsoring my candidacy.					
		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)				