### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## **Registration by Candidate**

Revised September 2016



	COME	VT COMM					]	
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	?)		
5. PARTY AFFILIATION								
✓ Republican Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name MI			MI	Last Name Suffix			Suffix	
Pam			Staneski					
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address			Address					
35 Point Lookout								
City		State	Zip Code	City		State	Zip Code	
Milford		СТ	06460					
9. CANDIDATE TELEPHONE			10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)	_							

### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

0286

876

#### (Check one)

203

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

pamforthe119th@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 NAME							
✓ Initial   Amendment   F	I Amendment Pam Staneski						
12. COMMITTEE NAME							
Pam For The 119th							
13. COMMITTEE ADDRESS	13. COMMITTEE ADDRESS 4 WEBSITE						
Address Email Address							
				pamforthe119th@gmail.com			
City	State Zip Code 06460			Website			
Milford CT			00400				
16. TREASURER NAME							
First Name			MI	Last Name Suffix			
John				O'Connell			
17. TREASURER RESIDENCE	ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
88 Bryan Hill Rd							
City		State	Zip Code	City	State	Zip Code	
Milford CT		06460					
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS				
(Include Area Code)							
203 671 2301 john.oconnell490@gmail.com							
21. DEPUTY TREASURER NAM	ИЕ		l.a			La ar	
First Name		MI	Last Name		Suffix		
22. DEPUTY TREASURER RESIDENCE ADDRESS				23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
Street Address				Address			
City		State	Zip Code	City	State	Zip Code	
			P			• I	
			URER EMAIL ADDRESS				
(Include Area Code)							
26. DEPOSITORY INSTITUTION NAME							
The Milford Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
33 Broad Street, Milford, CT	06460						

REGISTRA	ATION TYPE	CANDIDATE NAME	
✔ Initial	Amendment	Pam Staneski	
28. CERTIF	ICATION		
comr this s	nittee registration Statement includ	on statement are true and accur es my certification to the fact t	tatement, that all of the designations set forth in this candidate rate to the best of my knowledge and belief, and further, that that any individual designated herein to serve as my treasurer otance of my appointment of them to those positions.
Pan	n Staneski		02/12/2018
CAND	DIDATE SIGNATURE		DATE (mm/dd/yyyy)
I cert Juriso under plea o anoth	or in the State or rements as contractions or restrict ify that I have put ify that I have not liction, any (A) or Title 9 of the Coor the completion are such felony of	Connecticut. I intend to command in Chapter 155 through a ions concerning campaign contaid any civil penalties or forfer ot been convicted of or pled gradely involving fraud, forger General Statues, or that at least on of any sentence, whichever or offense.	asurer of this candidate committee. I certify that I am an ply with all the campaign finance registration and disclosure 157 of the General Statutes, and to abide by any prohibitions, stributions and expenditures.  itures assessed pursuant to Chapters 155 to 157, inclusive.  uilty or nolo contendere to, in a court of competent y, larceny, embezzlement or bribery, or (B) criminal offense eight years have elapsed from the date of the conviction or date is later, without a subsequent conviction of or plea to
	mission.		02/12/2018
	SURER SIGNATURE		DATE (mm/dd/yyyy)
D			
candi and a auton that I disclo	eby certify and sidate to serve as accept that, in the natically become am an elector in a sure requirement.	the candidate's designated deperence event of a vacancy caused by the responsible for discharging and the State of Connecticut. I into the state of Connecticut. I into the state of Connecticut.	tatement, that I have accepted my appointment by the outy treasurer of this candidate committee, and I understand the treasurer's death, incapacity or resignation, I shall all of the duties required of the vacating treasurer. I certify nated to comply with all the campaign finance registration and 5 through 157 of the General Statutes, and to abide by any campaign contributions and expenditures.
I cert	ify that I have p	aid any civil penalties or forfe	itures assessed pursuant to Chapters 155 to 157, inclusive.
jurisc under plea c	liction, any (A) r Title 9 of the (	felony involving fraud, forger General Statues, or that at least n of any sentence, whichever	uilty or nolo contendere to, in a court of competent y, larceny, embezzlement or bribery, or (B) criminal offense eight years have elapsed from the date of the conviction or date is later, without a subsequent conviction of or plea to
	ify that I am no		g as a deputy treasurer by order of the State Elections
DEPU	TY TREASURER SIGNA	TURE	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 because (CHECK ONE)					
A. I am one of a slate of candidates whose campaigns are being funded soler, y a toy committee 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 spaces of 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 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)				