SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



							<u> </u>
REGISTRATION TYPE 1. ELECTION DATE		ΓE (mm/dd/yyyy)		2. MUNICIPALITY			
Initial	Nov 2018			(If applicable)			
3. OFFICE OR POSITION S	OUGHT		4. DISTRICT			ICT NUM	BER
					(If applicable	?)	
State Representative					060		
5. PARTY AFFILIATION							
Republican	✓ Democratic		Other (Speci	(fy)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Kathleen				Tracy			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS	(If different)		
Street Address				Address			
2 Dunbar Dr							
City		State	Zip Code	City		State	Zip Code
Windsor		СТ	06095				
9. CANDIDATE TELEPHONE		10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
860 778	4888	kathle	entracy@sb	ocglobal.net			
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



Initial VIAmendment Kathleen Tracy I2. COMMITTEE NAME Kathleen Tracy 2018 I3. COMMITTEE ADDRESS I4. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE Address 2 Dunbar Dr City Windsor State CT State O6095 Website First Name B Judd I5. TREASURER RESIDENCE ADDRESS Street Address 89 Hedgehog Ln City West Simsbury State CT State O6092 CT State O6092 CT State O6092 City O6093 City O6094 City O6094 City O6095 State O6095 State O6096 State O6097 State O6098 Address State O6099 State O6099 City O609 City Office O	REGISTRATION TYPE CANDIDATE NA	ME					
Address	Initial Initial Initial Kathleen Tracy	Initial ✓I Amendment Kathleen Tracy					
14. & 15. COMMITTEE ADDRESS 14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE	12. COMMITTEE NAME						
Address Email Address Email Address 2 Dunbar Dr City Windsor CT Zip Code 06095 Website	Kathleen Tracy 2018						
2 Dunbar Dr	13. COMMITTEE ADDRESS 4 WEBSITE						
State Zip Code O6095 Website	Address			Email Address			
Normal	2 Dunbar Dr						
No.	City	State		Website			
First Name Elona MI Judd 17. TREASURER RESIDENCE ADDRESS Street Address 89 Hedgehog Ln City State Zip Code 06092 West Simsbury 19. TREASURER TELEPHONE (Include Area Code) 860 413 2258 Elona.judd@yahoo.com MI Last Name MI Last Name MI Last Name Suffix	Windsor	CT	00095				
B	16. TREASURER NAME						
17. TREASURER RESIDENCE ADDRESS Street Address 89 Hedgehog Ln City West Simsbury 19. TREASURER TELEPHONE (Include Area Code) 860 413 2258 Elona.judd@yahoo.com 21. DEPUTY TREASURER NAME First Name MI Last Name Suffix 18. TREASURER MAILING ADDRESS (If different) Address City City City City City City City Cit	First Name		MI	Last Name		Suffix	
Street Address 89 Hedgehog Ln City State Zip Code 06092 CT City O6092 19. TREASURER TELEPHONE 20. TREASURER EMAIL ADDRESS (Include Area Code) 860 413 2258 Elona.judd@yahoo.com 21. DEPUTY TREASURER NAME First Name MI Last Name Suffix 22. DEPUTY TREASURER RESIDENCE ADDRESS 23. DEPUTY TREASURER MAILING ADDRESS (If different)	Elona		В	Judd			
89 Hedgehog Ln City State Zip Code O6092 West Simsbury CT 19. TREASURER TELEPHONE 20. TREASURER EMAIL ADDRESS (Include Area Code) 860 413 2258 Elona.judd@yahoo.com 21. DEPUTY TREASURER NAME First Name MI Last Name Suffix 22. DEPUTY TREASURER RESIDENCE ADDRESS 23. DEPUTY TREASURER MAILING ADDRESS (If different)	17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
State	Street Address			Address			
West Simsbury CT 06092 19. TREASURER TELEPHONE (Include Area Code) 860 413 2258 Elona.judd@yahoo.com 21. DEPUTY TREASURER NAME First Name MI Last Name Suffix 22. DEPUTY TREASURER RESIDENCE ADDRESS 23. DEPUTY TREASURER MAILING ADDRESS (If different)	89 Hedgehog Ln						
West Simsbury CT 19. TREASURER TELEPHONE (Include Area Code) 860 413 2258 Elona.judd@yahoo.com 21. DEPUTY TREASURER NAME First Name MI Last Name Suffix 22. DEPUTY TREASURER RESIDENCE ADDRESS 23. DEPUTY TREASURER MAILING ADDRESS (If different)	City			City	State	Zip Code	
Clinclude Area Code	West Simsbury CT		_ 06092				
860 413 2258 Elona.judd@yahoo.com 21. DEPUTY TREASURER NAME First Name MI Last Name Suffix 22. DEPUTY TREASURER RESIDENCE ADDRESS 23. DEPUTY TREASURER MAILING ADDRESS (If different)				IAIL ADDRESS			
First Name MI Last Name Suffix 22. DEPUTY TREASURER RESIDENCE ADDRESS 23. DEPUTY TREASURER MAILING ADDRESS (If different)							
22. DEPUTY TREASURER RESIDENCE ADDRESS 23. DEPUTY TREASURER MAILING ADDRESS (If different)	21. DEPUTY TREASURER NAME						
	First Name		MI	Last Name		Suffix	
Street Address Address	22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If different	t)	
	Street Address			Address			
City State Zip Code City State Zip Code	City	State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS		25. DEP	UTY TREAS	URER EMAIL ADDRESS			
(Include Area Code)	(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME	26. DEPOSITORY INSTITUTION NAME						
People's Bank	People's Bank						
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
498 Bushy Hill Road, Simsbury, CT 06070	498 Bushy Hill Road, Simsbury, CT 06070				•		

SEEC FORM 1A Revised September 2016

DEPUTY TREASURER SIGNATURE

Revised Se	Revised September 2016					
REGISTRA	ATION TYPE	CANDIDATE NAME				
Initial	✓ Amendment	Kathleen Tracy				
28. CERTII	FICATION					
com this or de	mittee registration statement includ	ate, under penalties of false statement, that all of the designations set forth in this candidate a statement are true and accurate to the best of my knowledge and belief, and further, that is my certification to the fact that any individual designated herein to serve as my treasurer we indicated to me their acceptance of my appointment of them to those positions. O2/22/2018				
cand elect requ limit I cer I cer juris unde plea	didate to serve as for in the State of irements as contrations or restrict tify that I have putify that I have number title 9 of the C	ate, under penalties of false statement, that I have accepted my appointment by the he candidate's designated treasurer of this candidate committee. I certify that I am an Connecticut. I intend to comply with all the campaign finance registration and disclosure ined in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ons concerning campaign contributions and expenditures. id any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. It been convicted of or pled guilty or nolo contendere to, in a court of competent elony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense eneral Statues, or that at least eight years have elapsed from the date of the conviction or of any sentence, whichever date is later, without a subsequent conviction of or plea to offense.				
	tify that I am not nmission.	otherwise barred from serving as a treasurer by order of the State Elections Enforcement				
Elor	na B Judd	02/22/2018				
	ASURER SIGNATURE	DATE (mm/dd/yyyy)				
cand and a autor that discl proh	reby certify and solidate to serve as accept that, in the matically become I am an elector in losure requirementations, limitation tify that I have putify that I have noticition, any (A) for Title 9 of the Corthe completion of the completion of the such felony of the such felony of the completion of the completion of the such felony of the such felony of the completion of the completion of the such felony of the such felony of the completion of the completion of the such felony of th	otherwise barred from serving as a deputy treasurer by order of the State Elections				

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	itical committee	late of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expendit to the decomposition of the special beautiful as a special property of the special property of the second property o
		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)