SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	THE I	AL COM!						<u> </u>	
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALI	2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018			(If applicable)	(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER				
						(If applicable	2)		
State Representative					012				
5. PARTY AFFILIATION									
Republican • Democratic Other (Specify)									
6. CANDIDATE NAME									
First Name			MI	Last Name				Suffix	
Nicole			E	Lake					
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)					
Street Address				Address					
27 Woodland St									
City		State	Zip Code	City			State	Zip Code	
Manchester		СТ	06042- 3009						
9. CANDIDATE TELEPHON	NE	10. CAN	10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)									

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

3545

817

(Check one)

860

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

nlakeesq@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 Nicole E Lake						
12. COMMITTEE NAME						
Nicole for Manchester						
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address			Email Address			
27 Woodland St			nlakeesq@gmail.com			
City	State	Zip Code 06042-	www.nicoleformanchester.com			
Manchester	CT	3009				
16. TREASURER NAME						
First Name		MI	Last Name Suffi			
James			McCavanagh			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
79 Homestead St						
City	State	Zip Code 06042	City	State	Zip Code	
Manchester	nester CT 060					
19. TREASURER TELEPHONE 20. TREASURER E			AAIL ADDRESS			
(Include Area Code)						
860 922 5702 jim@mccavanagh			.com			
21. DEPUTY TREASURER NAME						
First Name Michael		MI A	Last Name		Suffix	
Michael			Stebe			
22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
			Address			
85 Hollister St	ā.	7: 0.1		I co	7: 0.1	
City	State	Zip Code 06042-	City	State	Zip Code	
Manchester	CT	3561				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS			
(Include Area Code)						
860 268 8893	mastebe@gmail.com					
26. DEPOSITORY INSTITUTION NAME						
United Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
341 Broad Street, Manchester, CT 06040						
<u> </u>						

SEEC FORM 1A

REGISTRATION TYPE	Revised September 2016				
	CANDIDATE NAME				
✓ Initial Amendment	Nicole E Lake				
28. CERTIFICATION					
committee registration this statement include	n statement are true and accurate to s my certification to the fact that an	ent, that all of the designations set forth in this candidate the best of my knowledge and belief, and further, that y individual designated herein to serve as my treasurer of my appointment of them to those positions.			
Nicole E Lake		02/15/2018			
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)			
candidate to serve as a elector in the State of requirements as conta limitations or restricti	the candidate's designated treasurer Connecticut. I intend to comply wi ined in Chapter 155 through 157 of ons concerning campaign contributi	ent, that I have accepted my appointment by the of this candidate committee. I certify that I am an th all the campaign finance registration and disclosure the General Statutes, and to abide by any prohibitions, ions and expenditures. assessed pursuant to Chapters 155 to 157, inclusive.			
jurisdiction, any (A) f under Title 9 of the G plea or the completion another such felony o	Pelony involving fraud, forgery, larce eneral Statues, or that at least eight n of any sentence, whichever date is r offense.	r nolo contendere to, in a court of competent eny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or later, without a subsequent conviction of or plea to treasurer by order of the State Elections Enforcement			
James McCavanagh		00/45/0040			
James McGavanagn		02/15/2018			
TREASURER SIGNATURE		DATE (mm/dd/yyyy)			

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections

Michael A Stebe DEPUTY TREASURER SIGNATURE

Enforcement Commission.

02/16/2018

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	12. REASON FOR EXEMPTION 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 soler, y a toy committee or a political committee formed for a single election or primary and expendit to the design whose full be reported by the committee sponsoring my candidacy. The name of this sponsor committee is:						
		OR				
con	tributions from cusand dollars (\$	by campaign entirely from my own, erscall fun is and will not request or receive other individuals or committees and I to derstate it if I make expenditures exceeding one 1,000) that I shall be reconsitive for filing financial disclosure statements (SEEC Form 23) me schedule and in the annumancer as record of treasurers of candidate committees. OR				
☐ C.	I do not intend	to receive experiences 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 e, for the reason checked above, is true, accurate and complete to the best of my ef.				
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)				