SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)		עעע)	2. MUNICIPALITY			
				(If applicable)			
Initial	Nov 2018						
3. OFFICE OR POSITION S	OUGHT			4. DISTRICT NUMBER			
			(If applicable)				
State Representative	State Representative				038		
5. PARTY AFFILIATION							
Republican	✓ Democratic		Other (Speci	fv)			
Tepuoneum - Democratic Other (specify)							
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Patrick			Α	Murphy			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address			
593 Vauxhall Street Ext							
City		State	Zip Code	City		State	Zip Code
Waterford		СТ	06385				
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)							
860 984	1291	Patrick	«MurphyCT	@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



REGISTRATION TYPE CANDIDATE NA	TION TYPE CANDIDATE NAME					
Initial I Amendment Patrick A Murp	Patrick A Murphy					
12. COMMITTEE NAME						
Patrick Murphy For CT						
13. COMMITTEE ADDRESS		14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address			Email Address			
593 Vauxhall Street Ext			patrickmurphyct@gmail.com			
City	State	Zip Code 06385	Website			
Waterford CT						
16. TREASURER NAME					_	
First Name		MI	Last Name Suffi		Suffix	
Jeremy		E	Grabel Sr		Sr	
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
356 Willetts Avenue Ext						
City	State	Zip Code	City	State	Zip Code	
Waterford	CT 06385					
19. TREASURER TELEPHONE 20. TREASURE			IAIL ADDRESS			
(Include Area Code)						
860 961 2665 jeremyegra			ol.com			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
James		В	Burke			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address Address						
52 Huntington St	52 Huntington St					
City	State	Zip Code 06320	City	State	Zip Code	
New London	CT	00320				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS		URER EMAIL ADDRESS				
(Include Area Code)		_				
860 912 9827	jamesburke1694@gmail.com					
26. DEPOSITORY INSTITUTION NAME						
Charter Oak Federal Credit Union						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
3 Boston Post Road, Waterford CT 06385			3 Boston Post Road, Waterford CT 06385			

SEEC FORM 1A

James B Burke

DEPUTY TREASURER SIGNATURE

Revised September 20	16	
REGISTRATION TYP	E CANDIDATE NAME	
Initial	ment Patrick A Murphy	
28. CERTIFICATION		
committee regitation this statement	stration statement are true and a includes my certification to the f	lse statement, that all of the designations set forth in this candidate courate to the best of my knowledge and belief, and further, that fact that any individual designated herein to serve as my treasurer acceptance of my appointment of them to those positions.
Patrick A Mur	phy	06/01/2018
CANDIDATE SIGNA	TURE	DATE (mm/dd/yyyy)
candidate to se elector in the S requirements a limitations or r I certify that I I jurisdiction, an under Title 9 o plea or the comanother such fe	rve as the candidate's designated tate of Connecticut. I intend to a contained in Chapter 155 through the estrictions concerning campaign have paid any civil penalties or for the part of the General Statues, or that at I apletion of any sentence, whiche clony or offense.	lse statement, that I have accepted my appointment by the d treasurer of this candidate committee. I certify that I am an comply with all the campaign finance registration and disclosure 157 of the General Statutes, and to abide by any prohibitions, a contributions and expenditures. Forfeitures assessed pursuant to Chapters 155 to 157, inclusive. The deguilty or nolo contendere to, in a court of competent 159 regery, larceny, embezzlement or bribery, or (B) criminal offense 164 teast eight years have elapsed from the date of the conviction or 164 to 165 to 167 the Conviction of 165 to 167 the Conviction 165 to 167 the Conviction 165 to 167 the Conviction 165 t
Jeremy E Gral	pel Sr	05/31/2018
TREASURER SIGNA	TURE	DATE (mm/dd/yyyy)
candidate to se and accept that automatically be that I am an electric disclosure requirements of the I I certify that I I I certify that I I jurisdiction, and under Title 9 of plea or the company that I I is a plea or the company that I I is a plea or the company that I I is a plea or the company that I I is a plea or the company that I I is a plea or the company that I is a ple	rve as the candidate's designated, in the event of a vacancy cause become responsible for dischargiector in the State of Connecticut. The state of Connecticut irements as contained in Chapte mitations or restrictions concern have paid any civil penalties or for ave not been convicted of or play (A) felony involving fraud, for the General Statues, or that at 1	Is statement, that I have accepted my appointment by the deputy treasurer of this candidate committee, and I understand and by the treasurer's death, incapacity or resignation, I shall and all of the duties required of the vacating treasurer. I certify I intend to comply with all the campaign finance registration and are 155 through 157 of the General Statutes, and to abide by any ing campaign contributions and expenditures. Forfeitures assessed pursuant to Chapters 155 to 157, inclusive. The deguilty or nolo contendere to, in a court of competent argery, larceny, embezzlement or bribery, or (B) criminal offense least eight years have elapsed from the date of the conviction or over date is later, without a subsequent conviction of or plea to

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

05/31/2018

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 because (CHECK ONE)					
poli	itical committee	ate of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expenditure and decomy behavioral be amittee sponsoring my candidacy. The name of this sponsor countries 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 reconstructed for filing francial 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)				