State

Zip Code

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	COMING CO				
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/y	(עעעי	2. MUNICIPALITY		
✓ Initial Amendment	Nov 2018		(If applicable)		
OFFICE OR POSITION SOUGHT 4. DISTRICT NUM				BER	
State Senator				(If applicable) 014	
. PARTY AFFILIATION					
✓ Republican	Democratic	Other (Speci	(f;)		
. CANDIDATE NAME					
rst Name		MI	Last Name		Suffix
/lichele		Р	Gregorio		
CANDIDATE DECIDENCE ADDDECC			& CANDIDATE MAILING ADDRESS	(If different)	

Address

City

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

7274

(Check one)

Street Address

City

26 Fairview Ave

9. CANDIDATE TELEPHONE

231

West Haven

(Include Area Code)

203

✓ 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.

Zip Code

06516

10. CANDIDATE EMAIL ADDRESS

michelepgregorio@gmail.com

State

CT

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	CANDIDATE NAME				
✓ Initial I Amendment Michele P Gree	Michele P Gregorio				
12. COMMITTEE NAME					
Michele 2018					
13. COMMITTEE ADDRESS	13. COMMITTEE ADDRESS 4. WEBSITE				
Address	Email Address				
26 Fairview Ave			info@micheleforstatesenate.com		
City	State	Zip Code 06516	Website		
Vest Haven CT			micheleforstatesenate.com		
16. TREASURER NAME					
First Name		MI	Last Name Suffix		
Lorraine		Α	Jensen		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
68 Leete St					
City	State	Zip Code	City	State	Zip Code
West Haven	CT	06516			
19. TREASURER TELEPHONE 20. TREASURER EN			MAIL ADDRESS		
(Include Area Code)					
203 823 8202	203 823 8202 zazulady@sbcglobal.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		URER EMAIL ADDRESS			
(Include Area Code)					
26. DEPOSITORY INSTITUTION NAME					
TD Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address OT 0056	10				
636 Campbell Ave, West Haven, CT 06516					

SEEC FORM 1A Revised September 2016

REGISTRA	TION TYPE	CANDIDATE NAME	
✓ Initial	Amendment	Michele P Gregorio	
28. CERTIF	ICATION		
comn this s	nittee registration tatement includ	on statement are true and accurate to es my certification to the fact that a	ent, that all of the designations set forth in this candidate the best of my knowledge and belief, and further, that my individual designated herein to serve as my treasurer e of my appointment of them to those positions.
Michele P Gregorio 02/20/2018		02/20/2018	
CAND	IDATE SIGNATURE		DATE (mm/dd/yyyy)
I certification in the candinate of the care of the care of the canoth c	date to serve as or in the State or rements as contations or restrict ify that I have particularly that I have noticition, any (A). Title 9 of the Cor the completic er such felony of	the candidate's designated treasure f Connecticut. I intend to comply wained in Chapter 155 through 157 or ions concerning campaign contribute aid any civil penalties or forfeitures ot been convicted of or pled guilty of felony involving fraud, forgery, largue General Statues, or that at least eight on of any sentence, whichever date is or offense.	assessed pursuant to Chapters 155 to 157, inclusive. or nolo contendere to, in a court of competent ceny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or s later, without a subsequent conviction of or plea to
	nission.	; otherwise barred from serving as a	treasurer by order of the State Elections Enforcement
Lorraine A Jensen 02/20/2018		02/20/2018	
TREAS	SURER SIGNATURE		DATE (mm/dd/yyyy)
candiand are auton that I discloprohil I certifurisd under plea canoth	by certify and so date to serve as except that, in the natically become am an elector in esure requirementations, limitation of that I have provided if that I have notication, any (A). Title 9 of the Cort the completion of the c	the candidate's designated deputy to event of a vacancy caused by the to the State of Connecticut. I intendents as contained in Chapter 155 throwns or restrictions concerning campaid any civil penalties or forfeitures of been convicted of or pled guilty of felony involving fraud, forgery, largue of any sentence, whichever date in or offense.	ent, that I have accepted my appointment by the reasurer of this candidate committee, and I understand reasurer's death, incapacity or resignation, I shall the duties required of the vacating treasurer. I certify to comply with all the campaign finance registration and ough 157 of the General Statutes, and to abide by any aign contributions and expenditures. assessed pursuant to Chapters 155 to 157, inclusive. or nolo contendere to, in a court of competent ceny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or is later, without a subsequent conviction of or plea to
DEPUT	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	12. REASON FOR EXEMPTION 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 solely was town committee or a political committee formed for a single election or primary and expendit to the decomposition of the properties of the committee sponsoring my candidacy. The name of this spaces 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 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)				