SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY				
			(If applicable)				
✓ Initial Amendment Nov 2018							
3. OFFICE OR POSITION SO	OUGHT				4. DISTRICT NUMBER		
					(If applicable)		
State Representative					044		
5. PARTY AFFILIATION							
✓ Republican	Democratic		Other (Spec	ify)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Anne			D	Dauphinais			
7. CANDIDATE RESIDENCH	E ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)		
Street Address				Address			
204 Wright Rd							
City		State	Zip Code	City		State	Zip Code
Danielson		СТ	06239				
9. CANDIDATE TELEPHONE 10. CAN			NDIDATE EN	IAIL ADDRESS		.	
(Include Area Code)							
860 779	1611	anne.	dauphinais	@yahoo.com			
11. DESIGNATION OF CAM	PAIGN FUNDING	SOURCE	E				
(Check one)							
✓ A. I am forming a candidate committee and I am required to file a Candidate Committee							
Registration Statement.							
<i>Go to</i> Form 1A <i>and complete</i> pages 2 and 3 — <i>Candidate Registration Statement.</i>							
B. I am exemp	ot from forming	a cano	lidate com	mittee and I am filing a Certifi	cation c	ofExem	ption
B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.							
<i>Go to</i> Form 1B <i>and complete</i> page 4 — <i>Certification of Exemption from Forming a Candidate Committee.</i>							
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 beco	ming a candidate	e will sı	ibject the c	andidate to a mandatory \$100 late	e filing fe	ee.	

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	AME					
✓ Initial Amendment	ent Anne D Dauphinais						
12. COMMITTEE NAME							
Elect Dauphinais							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	/EBSITE		
Address				Email Address			
204 Wright Rd							
City		State	Zip Code 06239	Website			
Danielson		СТ					
16. TREASURER NAME							
First Name			MI	Last Name		Suffix	
Kathleen			D	Jenkins			
17. TREASURER RESIDENCI	E ADDRESS			18. TREASURER MAILING ADDRESS (If different	t)		
Street Address				Address			
63 Ridge Rd							
City		State	Zip Code	City	State	Zip Code	
Chaplin		СТ	06235				
19. TREASURER TELEPHONE		20. TRF	EASURER EI	MAIL ADDRESS			
(Include Area Code)		kathleen.jenkins@yahoo.com					
21. DEPUTY TREASURER NA First Name	AME		MI	Last Name		Suffix	
TISTNALIC			IVII			Sunix	
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. DEPUT		UTY TREAS	SURER EMAIL ADDRESS	1	<u> </u>		
(Include Area Code)							
26. DEPOSITORY INSTITUTI	ION NAME						
Savings Institute							
27. DEPOSITORY INSTITUTION ADDRESS							
579 North Windham Road, North Windham, CT 06256							

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REGISTRATION TYPE	CANDIDATE NAME
✓ Initial Amendment	Anne D Dauphinais

28. CERTIFICATION

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

Anne D Dauphinais	01/03/2018
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)

Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

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

Kathleen D Jenkins	01/03/2018
TREASURER SIGNATURE	DATE (mm/dd/yyyy)

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

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

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SEEC FORM 1B STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee Revised September 2016



DECICED ATION TYPE	CANDIDATE NAME			
REGISTRATION TYPE				
Initial Amendment				
12. REASON FOR EXEMP	TION FROM FORMING A CANDIDATE COMMITTEE			
I hereby cer	ify 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 solely by a town committee or a political committee formed for a single election or primary and expendit the order on the political committee sponsoring my candidacy. The name of this sponsor committee is:				
	OR			
contributions fro thousand dollars	g my campaign entirely from my own verse al fun is and will not request or receive in other individuals or committees and I to terstation of if I make expenditures exceeding one (\$1,000) that I shall be reconstant for filing financial disclosure statements (SEEC Form 23) same schedule and in the campaigneer as received of treasurers of candidate committees.			
C. I do not inte				
	OR			
D. I do	nd to receive or expend any funds, including personal funds, for this campaign.			
13. CER				
	nd state, under penalties of false statement, that this statement of exemption from forming a ttee, for the reason checked above, is true, accurate and complete to the best of my elief.			
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)			