## **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 SOUGHT					4. DISTRICT NUMBER			
					(If applicable)			
State Representative				077				
5. PARTY AFFILIATION								
Republican • Democratic Other (Spec			ify)					
6. CANDIDATE NAME								
First Name	fame MI		MI	Last Name Suffix			Suffix	
Kevin	M			Fuller				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address			Address					
65 Ivy Dr								
City		State	Zip Code	City		State	Zip Code	
Bristol		СТ	06010					
9. CANDIDATE TELEPHONE 10. 0			10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)								
860 985	9694	kkna02	216@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 NAME							
Initial I Amendment Kevin M Fuller	Kevin M Fuller						
12. COMMITTEE NAME							
Fuller 2018	Fuller 2018						
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE						
Address			Email Address				
65 Ivy Dr	_						
City	State	Zip Code 06010	Website				
Bristol	CT	00010					
16. TREASURER NAME							
First Name		MI	Last Name Suffix				
Krystal		M	Myers				
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address			Address				
151 Oakland St							
City	State Zip Code 06010		City	State	Zip Code		
Bristol							
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS				
(Include Area Code) 860 280 7192 kmyers1919@gma			ail.com				
21. DEPUTY TREASURER NAME							
First Name		MI	Last Name		Suffix		
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS	S (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							
Farmington Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
475 Broad Street, Bristol, CT 06010				475 Broad Street, Bristol, CT 06010			

DEPUTY TREASURER SIGNATURE

Revised September 2010	Revised September 2016					
REGISTRATION TYPE	CANDIDATE NAME					
Initial	Kevin M Fuller					
28. CERTIFICATION						
committee registratio this statement include	tate, under penalties of false statement, that all of the designations set forth in this candidate in 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 are indicated to me their acceptance of my appointment of them to those positions.    O6/24/2018   DATE (mm/dd/yyyy)					
candidate to serve as elector in the State of requirements as conta limitations or restricting I certify that I have partially that I have not jurisdiction, any (A) the under Title 9 of the Completion another such felony of I certify that I am not	ate, under penalties of false statement, that I have accepted my appointment by the the 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.  In a court of competent telony 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 not any sentence, whichever date is later, without a subsequent conviction of or plea to roffense.  Otherwise barred from serving as a treasurer by order of the State Elections Enforcement					
Commission.	00/04/0040					
Krystal M Myers  TREASURER SIGNATURE	DATE (mm/dd/yyyy)					
candidate to serve as and accept that, in the automatically become that I am an elector in disclosure requirement prohibitions, limitation I certify that I have particularly that I have not jurisdiction, any (A) the under Title 9 of the Completion another such felony of	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	12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE					
	I hereby certify that I am exempt from forming a candidate committee becaus (CPECK ONE)					
poli	A. I am one of a slate of candidates whose campaigns are being funded soler, y a tow complittee or a political committee formed for a single election or primary and expendit to the description of this space of the committee sponsoring my candidacy. The name of this space of the committee sponsoring my candidacy.					
		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 a 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.				
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)				