SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018			(If applicable)			
3. OFFICE OR POSITION S	OUGHT				4. DISTF	RICT NUM	IBER
Attorney General					(If applicabl	le)	
5. PARTY AFFILIATION							
Republican	✓ Democratic		Other (Spec	ify)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Paul			R	Doyle			
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)		
Street Address				Address			
38 Thornbush Rd							-
City		State	Zip Code 06109	City		State	Zip Code
Wethersfield		СТ	00109				
9. CANDIDATE TELEPHONE 10. C			DIDATE EN	IAIL ADDRESS			
(Include Area Code)							
860 930	860 930 1920 sendoyle9th@aol.com						
11. DESIGNATION OF CAM	IPAIGN FUNDING	SOURCE	2				
(Check one)							
✓ A. I am formi Registration	•	commi	ttee and I	am required to file a Candidate	e Comm	nittee	
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							

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	Paul R Doyle						
12. COMMITTEE NAME							
Doyle For AG							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address				Email Address			
21 New Britain Ave Ste 10	6			doyle4ct@gmail.com			
City		State	Zip Code	Website			
Rocky Hill		СТ	06067	www.doyle4ct.com			
16. TREASURER NAME							
First Name			MI	Last Name		Suffix	
Patricia			м	Widlitz			
17. TREASURER RESIDENC	E ADDRESS		<u> </u>	18. TREASURER MAILING ADDRESS (If different)	<u> </u>	
Street Address				Address			
12 Island Bay Cir							
City		State	Zip Code	City	State	Zip Code	
Guilford		СТ	06437				
19. TREASURER TELEPHON	IE	20. TRE	ASURER EN	IAIL ADDRESS			
(Include Area Code)							
203 453 9924 pwidlitz@snet.net			z@snet.net				
21. DEPUTY TREASURER NA	AME		T	1			
First Name			MI	Last Name		Suffix	
David			Н	Angliss			
22. DEPUTY TREASURER RE	ESIDENCE ADDR	ESS	•	23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If different,)	
Street Address				Address			
35 River View Ct							
City		State	Zip Code	City	State	Zip Code	
Cheshire		СТ	06410				
24. DEPUTY TREASURER TE (Include Area Code)	LEPHONE	25. DEP	UTY TREAS	URER EMAIL ADDRESS			
26. DEPOSITORY INSTITUTION NAME							
People's United Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
1310 Silas Deane Highway, Wethersfield, CT 06109							

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REGISTRATION TYPE		CANDIDATE NAME
✔ Initial	Amendment	Paul R Doyle
28. CERTIFICATION		
Candidata		

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.

03/01/2018 DATE (mm/dd/yyyy)

Paul R Doyle	
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CANDIDATE SIGNATURE	

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.

Patricia M Widlitz	03/01/2018
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.

David H Angliss	03/01/2018
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/yyyy)

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



DECICEDATION		CANDIDATE NAME
REGISTRATION TYI		CANDIDATE NAME
☐ Initial ☐ Amend	lment	
12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE		
I hereby o	certify	that I am exempt from forming a candidate committee because (CHECK ONE)
political com	mittee	ate of candidates whose campaigns are being funded solely v a town coronittee or a formed for a single election or primary and expendit the under a my bell with all be mittee sponsoring my candidacy. The name of this spin soles convirtuals:
		OR
contributions thousand doll	from o ars (\$1	by campaign entirely from my own verse of fun is ord will not request or receive other individuals or committees and I to derstand the diff I make expenditures exceeding one 1,000) that I shall be recensive for filing spancial disclosure statements (SEEC Form 23) ne schedule and in the tank on a ver as received of treasurers of candidate committees.
🗖 C. I do not i	ntend	
		OR
D. I do	nd	to receive or expend any funds, including personal funds, for this campaign.
13. CER 19 19	\sim	
	nmitte	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.
CANDIDATE SIGNA	ATURE	DATE (mm/dd/yyyy)