SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	CEMEN	VT COMMI							
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY	2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018			(If applicable)					
3. OFFICE OR POSITION SOUGHT						4. DISTRICT NUMBER			
Attorney General						(If applicable	e)		
5. PARTY AFFILIATION									
✓ Republican Democratic Other (Specify)									
6. CANDIDATE NAME									
First Name MI			MI	Last Name Suffix			Suffix		
Susan			Hatfield	Hatfield					
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)						
Street Address				Address					
306 Wrights Crossing Rd									
City		State	Zip Code	City			State	Zip Code	
Pomfret		СТ	06259						
9. CANDIDATE TELEPHONE 10. (10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)	•			•					

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

1862

969

(Check one)

860

✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

SueHatfield@hatfield2018.com

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



EGISTRATION TYPE CANDIDATE NAME							
✓ Initial I Amendment Susan W Hatfie	Susan W Hatfield						
12. COMMITTEE NAME							
Hatfield 2018							
13. COMMITTEE ADDRESS		14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address	Email Address						
26 Dale Rd	Zip Code						
06			Website				
Trumbull	CT						
16. TREASURER NAME							
First Name		MI	Last Name Suffix				
Loretta		J	Chory				
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address			Address				
26 Dale Rd							
City	State	Zip Code	City	State	Zip Code		
Trumbull	CT	06611					
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS				
(Include Area Code)							
203 258 0510 jafraloretta@aol			om				
21. DEPUTY TREASURER NAME							
First Name		MI	Last Name		Suffix		
Annalisa			Stravato				
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)				
Street Address	Address						
61 Mayflower Dr							
City	State	Zip Code 06897	City	State	Zip Code		
Wilton	CT	00097					
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS				
(Include Area Code)							
203 515 6055	Annalisa@Hatfield2018.com						
26. DEPOSITORY INSTITUTION NAME							
People's United Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
850 Main Street, Bridgeport, CT							

SEEC FORM 1A

Revised September 2016		Tuge of T
REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendment	Susan W Hatfield	
8. CERTIFICATION		
committee registration this statement includes	ate, under penalties of false statement, that all a statement are true and accurate to the best of s my certification to the fact that any individu we indicated to me their acceptance of my app	al designated herein to serve as my treasurer
Susan W Hatfield		03/01/2018
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as the elector in the State of Crequirements as contain limitations or restriction. I certify that I have passed in the I have not jurisdiction, any (A) for under Title 9 of the Geoplea or the completion another such felony or	ate, under penalties of false statement, that I he candidate's designated treasurer of this car Connecticut. I intend to comply with all the candidate in Chapter 155 through 157 of the Generons concerning campaign contributions and exid any civil penalties or forfeitures assessed put been convicted of or pled guilty or nolo concellony involving fraud, forgery, larceny, embedieneral Statues, or that at least eight years have a of any sentence, whichever date is later, with offense.	andidate committee. I certify that I am an eampaign finance registration and disclosure all Statutes, and to abide by any prohibitions, expenditures. Sursuant to Chapters 155 to 157, inclusive. Itendere to, in a court of competent explement or bribery, or (B) criminal offense e elapsed from the date of the conviction or nout a subsequent conviction of or plea to
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as the and accept that, in the automatically become that I am an elector in disclosure requirement prohibitions, limitation I certify that I have part I certify that I have no jurisdiction, any (A) founder Title 9 of the George	ts as contained in Chapter 155 through 157 of his or restrictions concerning campaign contributed any civil penalties or forfeitures assessed put t been convicted of or pled guilty or nolo contellory involving fraud, forgery, larceny, embeding eneral Statues, or that at least eight years have a of any sentence, whichever date is later, with	this candidate committee, and I understand death, incapacity or resignation, I shall equired of the vacating treasurer. I certify with all the campaign finance registration and f the General Statutes, and to abide by any outions and expenditures. The compact of the vacating treasurer. I certify with all the campaign finance registration and f the General Statutes, and to abide by any outions and expenditures. The compact of the conviction of the conviction or the conviction

03/02/2018 Annalisa Stravato DEPUTY TREASURER SIGNATURE DATE (mm/dd/yyyy)

Enforcement Commission.

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



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)					
A. I am one of a slate of candidates whose campaigns are being funded soler, y a toy committee or a political committee formed for a single election or primary and expendit to the toy behave all be reported by the committee sponsoring my candidacy. The name of this sponsor committee is:						
		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)				