State

Zip Code

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	The state of the s				
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/y	(עעע	2. MUNICIPALITY		
✓ Initial Amendment	Nov 2018		(If applicable)		
3. OFFICE OR POSITION S	OUGHT			4. DISTRICT NUM	BER
State Senator				(If applicable) 014	
5. PARTY AFFILIATION					
Republican	✓ Democratic	Other (Speci	(fy)		
6. CANDIDATE NAME					
First Name		MI	Last Name		Suffix
James		J	Maroney		
7. CANDIDATE RESIDENC	E ADDRESS	8. CANDIDATE MAILING ADDRESS	(If different)		

Address

City

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

0998

(Check one)

(Include Area Code)

203

Street Address

Milford

City

22 Saranac Rd

9. CANDIDATE TELEPHONE

298

✓ 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

06461

jmaroneyct@gmail.com

10. CANDIDATE EMAIL ADDRESS

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	ATION TYPE CANDIDATE NAME					
✓ Initial I Amendment James J Maror	James J Maroney					
12. COMMITTEE NAME	12. COMMITTEE NAME					
Friends of James Maroney	Friends of James Maroney					
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address			Email Address			
22 Saranac Rd	1	_	james@maroneyforus.com			
City	State	Zip Code 06461	Website			
Milford CT			maroneyforus.com			
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Paul	Davis					
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
335 Smith Farm Rd						
City	State	Zip Code	City	State	Zip Code	
Orange	СТ	06477				
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS			
(Include Area Code)	(Include Area Code)					
203 795 4916 paul.davis.ct@gmail.c			ail.com			
21. DEPUTY TREASURER NAME First Name		MI	Last Name		Suffix	
		J				
James		<u> </u>	Maroney		Jr	
22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
55 Seventh Ave						
City	State	Zip Code	City	State	Zip Code	
Milford	СТ	06460				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS			
(Include Area Code)						
203 876 7515 j.maroney@neu.edu						
26. DEPOSITORY INSTITUTION NAME						
Milford Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
33 Broad Street, Milford, CT 06460						

SEEC FORM 1A Revised September 2016

James J Maroney Jr
DEPUTY TREASURER SIGNATURE

Revised September 2016			
		TION TYPE	CANDIDATE NAME
✓ In	itial	Amendment	James J Maroney
		ICATION	
	I here comn this stor dep	nittee registration tatement includ	state, under penalties of false statement, that all of the designations set forth in this candidate on statement are true and accurate to the best of my knowledge and belief, and further, that es my certification to the fact that any individual designated herein to serve as my treasurer ave indicated to me their acceptance of my appointment of them to those positions. O3/11/2018 DATE (mm/dd/yyyy)
	CHIADI	DATE SIGNATORE	DATE (IIIII) dayyyyy)
	I here candidelector requirilimita I certification I certification in the certification in th	date to serve as or in the State of the Stat	
		ity that I am no nission.	t otherwise barred from serving as a treasurer by order of the State Elections Enforcement
Paul Davis		Davis	03/11/2018
	TREAS	URER SIGNATURE	DATE (mm/dd/yyyy)
	candicand acautom that I discloprohil I certifurisd under plea control of the con	by certify and so date to serve as eccept that, in the natically become am an elector in source requirements bitions, limitation of that I have particularly that I have particularly fify that I have particularly that I have particularly Title 9 of the C	state, under penalties of false statement, that I have accepted my appointment by the the candidate's designated deputy treasurer of this candidate committee, and I understand e event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall e responsible for discharging all of the duties required of the vacating treasurer. I certify in the State of Connecticut. I intend to comply with all the campaign finance registration and into as contained in Chapter 155 through 157 of the General Statutes, and to abide by any ons or restrictions concerning campaign contributions and expenditures. aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. ot been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense General Statues, or that at least eight years have elapsed from the date of the conviction or on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.
		ify that I am no cement Commi	t otherwise barred from serving as a deputy treasurer by order of the State Elections ssion.

03/11/2018

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	N FOR EXEMPTION	ON 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 v a toy committee or a political committee formed for a single election or primary and expendit to the development of the reported by 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 to not be a ceive 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)				