SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)		(עעעי	2. MUNICIPALITY			
✓ Initial Amendment	Nov 2018			(If applicable)			
3. OFFICE OR POSITION S	OUGHT					ICT NUM	IBER
					(If applicable	2)	
State Representative				053			
5. PARTY AFFILIATION							
Republican	✔ Democratic		Other (Speci	(fy)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Patricia			Α	Wilson Pheanious			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address				
63 Squaw Hollow Rd							
City		State	Zip Code	City		State	Zip Code
Ashford		СТ	06278				
9. CANDIDATE TELEPHONE 10. CANDIDA		DIDATE EM	EMAIL ADDRESS				
(Include Area Code)							
860 429	5974	reppat	:2018@gma	ail.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 N	CANDIDATE NAME					
✓ Initial I Amendment Patricia A Wils	Patricia A Wilson Pheanious					
12. COMMITTEE NAME						
Pat 2018						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address			Email Address			
63 Squaw Hollow Rd			reppat2018@gmail.com			
City	State	Zip Code 06278	Website			
Ashford	CT					
16. TREASURER NAME						
First Name		MI	Last Name		Suffix	
Daniel		J	Eddy			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different	")		
Street Address Address						
220 Main St		_	195 W Main St			
City	State	Zip Code 06057	City	State	Zip Code	
New Hartford	CT	00007	Avon	СТ	06001	
19. TREASURER TELEPHONE						
(Include Area Code)	l					
860 678 7372	djepoli	tics@gmail	.com			
21. DEPUTY TREASURER NAME		La	Tx - xx		La ar	
First Name		MI E	Last Name		Suffix	
Cathryn		E	Silver-Smith			
22. DEPUTY TREASURER RESIDENCE ADDR	RESS		23. DEPUTY TREASURER MAILING ADDRES Address	S (If different)	
			Addition			
95 Seckar Rd	G	7: 0 1		St-t-	7: C. J.	
City	State	Zip Code 06278-	City	State	Zip Code	
Ashford	СТ	1035				
24. DEPUTY TREASURER TELEPHONE						
(Include Area Code)	ceenal	itice@amai	Lcom			
860 428 0011 cespolitics@gmail.com						
26. DEPOSITORY INSTITUTION NAME						
Bank of America						
27. DEPOSITORY INSTITUTION ADDRESS						
Address 240 West Main Street, Avon, CT 06001						
2-10 West Wall Street, 7001, 61 55561						

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REGISTRATION TYPE	CANDIDATE NAME		
✓ Initial Amendment	Patricia A Wilson Pheanious		
28. CERTIFICATION			
committee registration this statement include	on statement are true and accurate to es my certification to the fact that a	ent, that all of the designations set forth in this candidate of the best of my knowledge and belief, and further, that my individual designated herein to serve as my treasurer to of my appointment of them to those positions.	
Patricia A Wilson Ph	neanious	03/11/2018	
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)	
elector in the State of requirements as containitations or restrict I certify that I have pure I certify that I have not jurisdiction, any (A) under Title 9 of the Containing I certify that I have not jurisdiction.	f Connecticut. I intend to comply wained in Chapter 155 through 157 or cions concerning campaign contributed any civil penalties or forfeitures not been convicted of or pled guilty felony involving fraud, forgery, largueral Statues, or that at least eight on of any sentence, whichever date in	r of this candidate committee. I certify that I am an rith all the campaign finance registration and disclosure if the General Statutes, and to abide by any prohibitions, tions and expenditures. assessed pursuant to Chapters 155 to 157, inclusive. or nolo contendere to, in a court of competent ceny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or is later, without a subsequent conviction of or plea to	
I certify that I am not Commission.	t otherwise barred from serving as a	treasurer by order of the State Elections Enforcement	
Daniel J Eddy		03/11/2018	
TREASURER SIGNATURE		DATE (mm/dd/yyyy)	
candidate to serve as	the candidate's designated deputy t	ent, that I have accepted my appointment by the reasurer of this candidate committee, and I understand 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.

Cathryn E Silver-Smith	03/11/2018
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/vvvv)



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 soler, y a toy committee or a political committee formed for a single election or primary and expendit to the decomposition of the properties of the committee sponsoring my candidacy. The name of this sponsoring my candidacy.				
		OR			
con	tributions from cusand dollars (\$	ny campaign entirely from my own, ersc. I fun is a d will not request or receive other individuals or committees and I to derst. It if I make expenditures exceeding one 1,000) that I shall be reconstruction for filing financial disclosure statements (SEEC Form 23) me schedule and in the annual area as record of treasurers of candidate committees. OR			
☐ C.	C. I do not intend to receive experiments in excess of one thousand dollars (\$1,000).				
D. I do to receive 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 e, for the reason checked above, is true, accurate and complete to the best of my ef.			
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)			