# **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	t Nov 2018			(If applicable)				
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER				
					(If applicable)			
State Senator					014			
5. PARTY AFFILIATION								
✓ Republican	Democratic		Other (Spec	ify)				
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Pam				Staneski				
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)			
Street Address				Address				
35 Point Lookout								
City		State	Zip Code	City		State	Zip Code	
Milford		СТ	06460					
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS							
(Include Area Code)								
203 530	9838	pam4	senate14@	gmail.com				
11. DESIGNATION OF CAM	APAIGN FUNDING	SOURCE	E					
(Check one)								
	ing a candidate 1 Statement.	commi	ttee and I	am required to file a Candidate	e Comm	nittee		
Go to Form	1A and complete	pages 2	<b>and 3</b> – Co	andidate Registration Statement.				
<b>B.</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 <i>together with</i> either Form 1A, "Registration of Candidate Committee," <i>or</i> Form 1B "Exemption from Forming a Candidate Committee," within 10 days								

andidate Committee," *or* Form 1B "Exemption from Forming a Candidate Committee," within 10 day 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

<b>REGISTRATION TYPE</b>	CANDIDATE NA	AME					
✓ Initial Amendment	Initial I Amendment Pam Staneski						
<b>12. COMMITTEE NAME</b>							
Pam For Senate							
<b>13. COMMITTEE ADDRESS</b>				14. & 15. COMMITTEE EMAIL ADDRESS & W	/EBSITE		
Address				Email Address			
35 Point Lookout				pam4senate14@gmail.com			
City		State	Zip Code	Website			
Milford		СТ	06460				
16. TREASURER NAME							
First Name			MI	Last Name		Suffix	
John				O'Connell			
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
88 Bryan Hill Rd							
City		State	Zip Code	City	State	Zip Code	
Milford		СТ	06460				
19. TREASURER TELEPHONE		20. TRF	EASURER EN	MAIL ADDRESS			
(Include Area Code) 203 671 2301 john.oconnell49			connell490	@gmail.com			
<b>21. DEPUTY TREASURER NA</b>	ME						
First Name			MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS				23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
City		State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE 25. DEP		UTY TREAS	SURER EMAIL ADDRESS	1			
(Include Area Code)							
26. DEPOSITORY INSTITUT	ION NAME						
The Milford Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
33 Broad Street, Milford, CT 06460							

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<b>REGISTRATION TYPE</b>	CANDIDATE NAME		
✓ Initial Amendment	Pam Staneski		
28. CERTIFICATION			
Condidata			

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.

Pam Staneski	03/27/2018
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)

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.

John O'Connell	03/27/2018
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.

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



DECICED ATION TYPE	CANDIDATE NAME				
REGISTRATION TYPE					
Initial Amendment					
12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE					
I hereby cer	ify 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 solely by a town committee or a political committee formed for a single election or primary and expendit and the tamp between all be reported by the committee sponsoring my candidacy. The name of this spinsor expension mittee is:					
	OR				
contributions fro thousand dollars	g my campaign entirely from my own verse al fun is and will not request or receive in other individuals or committees and I to terstation of if I make expenditures exceeding one (\$1,000) that I shall be reconstant for filing financial disclosure statements (SEEC Form 23) same schedule and in the campaigneer as received of treasurers of candidate committees.				
C. I do not inte					
	OR				
D. I do	nd to receive or expend any funds, including personal funds, for this campaign.				
13. CER					
	nd state, under penalties of false statement, that this statement of exemption from forming a ttee, for the reason checked above, is true, accurate and complete to the best of my elief.				
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)				