### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

### Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE			vv)	2. MUNICIPALITY				
REGISTRATION THE			.57	(If applicable)				
✓ Initial   Amendment	Nov 2018							
3. OFFICE OR POSITION S	OUGHT				4. DISTR	ICT NUM	IBER	
					(If applicable	·)		
State Representative	е				042			
5. PARTY AFFILIATION								
Republican	<ul><li>Democratic</li></ul>	(	Other (Speci	6)				
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Elizabeth			С	Schwebel				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
110 Meeting House Ln								
City	Sta		Zip Code	City		State	Zip Code	
Ledyard	C	СТ	06339					
9. CANDIDATE TELEPHONE 10. CANDIDATE E			DIDATE EM	AIL ADDRESS				
(Include Area Code)		•	•					
860 514	4289	lizclara	0407@gma	ail.com				
11 DECICNATION OF CAN	TRAIGNIEUNIDING GG	OUDGE						

#### 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 NAME						
✓ Initial I Amendment Elizabeth C Schwebel						
12. COMMITTEE NAME	12. COMMITTEE NAME					
Liz for the 42nd						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address			Email Address			
110 Meeting House Ln						
City	State Zip Code 06339		Website			
Ledyard						
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
David	A Holdridge					
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
29 Church Hill Rd						
City	State	Zip Code	City	State	Zip Code	
Ledyard	CT 06339					
19. TREASURER TELEPHONE 20. TREASURER EN			MAIL ADDRESS			
(Include Area Code)						
860 464 8414 daveholdridg		oldridge@a	ol.com			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Gregory			Wong			
			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
20 Partridge Hollow Rd						
City	State	Zip Code <b>06335</b>	City	State	Zip Code	
Ledyard	CT	00333				
24. DEPUTY TREASURER TELEPHONE	25. DEPUTY TREASURER EMAIL ADDRESS					
(Include Area Code)						
860 501 1848	gwong2@comcast.net					
26. DEPOSITORY INSTITUTION NAME						
Dime Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
744 Colonel Ledyard Highway, Ledyard, CT 06339						
				•		

SEEC FORM 1A Revised September 2016

**Gregory Wong** 

DEPUTY TREASURER SIGNATURE

Revised September 2016					
REGISTR.	ATION TYPE	CANDIDATE NAME			
Initial	Amendment	Elizabeth C Schwebel			
28. CERTII	FICATION				
com this or de	mittee registrationstatement includ	tate, under penalties of false statement, that all of the designations set forth in this candidate in statement are true and accurate to the best of my knowledge and belief, and further, that it is my certification to the fact that any individual designated herein to serve as my treasurer are indicated to me their acceptance of my appointment of them to those positions.    O4/02/2018			
Treasurer					
I her cand elect requ limit	idate to serve as for in the State of irements as contrations or restrict	tate, under penalties of false statement, that I have accepted my appointment by the the candidate's designated treasurer of this candidate committee. I certify that I am an Connecticut. I intend to comply with all the campaign finance registration and disclosure ined in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ons concerning campaign contributions and expenditures.  and any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.			
juris unde plea anot	diction, any (A) or Title 9 of the (or the completion that such felony of the felony of the felony of the completion of the completion of the felony of the	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 eneral Statues, or that at least eight years have elapsed from the date of the conviction or nof any sentence, whichever date is later, without a subsequent conviction of or plea to r offense.  otherwise barred from serving as a treasurer by order of the State Elections Enforcement			
	David A Holdridge 04/02/2018				
	TREASURER SIGNATURE DATE (mm/dd/yyyy)				
cand and a automathat disclusive prohibitions of the control of the control of the candidate of the candidat	reby certify and solidate to serve as accept that, in the matically become I am an elector is osure requirementations, limitation tify that I have putify that I have noticition, any (A) or Title 9 of the Corthe completion of the completion of the such felony of the such felony of the such felony of the completion of the such felony of the such felony of the completion of the such felony of	tate, 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 event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall expensible for discharging all of the duties required of the vacating treasurer. I certify the State of Connecticut. I intend to comply with all the campaign finance registration and ats as contained in Chapter 155 through 157 of the General Statutes, and to abide by any one or restrictions concerning campaign contributions and expenditures.  And any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.  On the 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 eneral Statues, or that at least eight years have elapsed from the date of the conviction or no fany sentence, whichever date is later, without a subsequent conviction of or plea to otherwise barred from serving as a deputy treasurer by order of the State Elections			
	orcement Commi				

04/02/2018

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 because (CHECK ONE)					
poli	itical committee	ate of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expenditure and decomy behavioral be amittee sponsoring my candidacy. The name of this sponsor countries is:				
		OR				
con	tributions from cusand dollars (\$	by campaign entirely from my own, erscall fun is and will not request or receive other individuals or committees and I to derstate it if I make expenditures exceeding one 1,000) that I shall be reconstructed for filing francial disclosure statements (SEEC Form 23) me schedule and in the annumancer as record of treasurers of candidate committees.  **OR**  *				
☐ C.	I do not intend	to receive experiences 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 e, for the reason checked above, is true, accurate and complete to the best of my ef.				
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)				