SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



1			

REGISTRATION TYPE	TE (mm/dd/yyyy) 2. MUNICIPALITY						
				(If applicable)			
✓ Initial Amendment	Nov 2018						
3. OFFICE OR POSITION SOUGHT					4 DISTE	CICT NUM	IDED
5. OFFICE ON FOSITION S	OUGHT				(If applicable		IDEK
0 5						-)	
State Representative				060			
5. PARTY AFFILIATION							
Danublican	. Domo anatio		Oth on 10				
Republican • Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
lone			М	Caribay			
Jane				Garibay			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
409 Broad St							
City		State	Zip Code	City		State	Zip Code
Windsor		СТ	06095				
9. CANDIDATE TELEPHON	10. CAN	DIDATE EM	IAIL ADDRESS				
(Include Area Code)							
860 882	8842	jane@	janegaribay	yforhouse.com			
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE							
II, DESIGNATION OF CAMI AIGN FUNDING SOURCE							
(Check one)							

(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 Jane	Initial I Amendment Jane M Garibay				
12. COMMITTEE NAME					
Jane Garibay for House					
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address			Email Address		
409 Broad St	1-	T	jane@janegaribayforhouse.com		
City	State	Zip Code 06095	Website		
Windsor	СТ		www.janegaribayforhouse.com		
16. TREASURER NAME					
First Name		MI	Last Name Suffix		
Sally		L	Grossman		
17. TREASURER RESIDENCE ADD	RESS		18. TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
106 Niles Rd					
City	State	Zip Code	City	State	Zip Code
Windsor	СТ	06095- 1229			
19. TREASURER TELEPHONE 20. TREASURER EM			MAIL ADDRESS		
(Include Area Code)					
860 748 2242 sallylgrossman@g			gmail.com		
21. DEPUTY TREASURER NAME		MI	Last Name		Cuffer
First Name		_			Suffix
Timothy			Fitzgerald		
22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address		
			Address		
1124 Windsor Ave				T =	
City	State	Zip Code 06095	City	State	Zip Code
Windsor	СТ	00033			
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			SURER EMAIL ADDRESS		
(Include Area Code)					
860 573 9797	timfitz	timfitzgerald@omalleydeneen.com			
26. DEPOSITORY INSTITUTION NAME					
Windsor Federal Savings Savings					
27. DEPOSITORY INSTITUTION ADDRESS					
Address					
250 Broad Street, Windsor, CT (06095				

SEEC FORM 1A

Timothy J Fitzgerald DEPUTY TREASURER SIGNATURE

Revised Sep	Revised September 2016					
REGISTRA	TION TYPE	CANDIDATE NAME				
Initial	Amendment	Jane M Garibay				
28. CERTIFI	ICATION					
comm this st or dep	nittee registrationate atement 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. 04/02/2018				
CANDI	DATE SIGNATURE	DATE (mm/dd/yyyy)				
candide electorequire limita I certifurisd under plea of another	date to serve as or in the State or ements as contitions or restrict fy that I have p fy that I have n iction, any (A) Title 9 of the Cor the completion or the completion of that I am not fy that I am not fy that I am not find the server as the completion of the that I am not find the server as the completion of the that I am not find the server as t	state, 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 a Connecticut. I intend to comply with all the campaign finance registration and disclosure ained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ions concerning campaign contributions and expenditures. and 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. It otherwise barred from serving as a treasurer by order of the State Elections Enforcement				
Commission. Sally L Grossman 04/02/2018						
	URER SIGNATURE	DATE (mm/dd/yyyy)				
candidand ad autom that I disclo prohil I certi I certi jurisd under plea canothe	by certify and so date to serve as eccept that, in the natically become am an elector in sure requirement of that I have positions, limitation fy that I have position, any (A). Title 9 of the Correct the completion for the completion for that I am not	t otherwise barred from serving as a deputy treasurer by order of the State Elections				
	ty that I am not cement 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	12. REASON FOR EXEMPTION 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 town committee or a political committee formed for a single election or primary and expendit to the description of the reported by the committee sponsoring my candidacy. The name of this spaces countries 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.	C. I do not intend to receive experiments in excess of one thousand dollars (\$1,000).					
□ 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)				