SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



		VT~COM							
REGISTRATION TYPE	ION TYPE 1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018				(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER				
_						(If applicable	?)		
State Senator					020				
5. PARTY AFFILIATION									
✓ Republican Democratic Other (Specify)									
6. CANDIDATE NAME									
First Name			MI		Last Name			Suffix	
Paul M				Formica					
7. CANDIDATE RESIDENCE ADDRESS					8. CANDIDATE MAILING ADDRESS (If different)				
Street Address					Address				
20A Bush Hill Dr									
City		State	Zip Code		City		State	Zip Code	
Niantic		СТ	06357			ļ			
9. CANDIDATE TELEPHONE 10. CAND			DIDAT	TE EMAIL ADDRESS					
(Include Area Code)									

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

4991

334

(Check one)

860

✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

Pmform2010@aol.com

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





REGISTRATION TYPE CANDIDATE NAME						
✓ Initial I Amendment Paul M Formica						
12. COMMITTEE NAME						
Formica for Senate	Formica for Senate					
13. COMMITTEE ADDRESS	13. COMMITTEE ADDRESS 4. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address			Email Address			
20A Bush Hill Dr			pmform2010@aol.com			
City	State Zip Code 06357		Website			
Niantic	СТ					
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Devon		M	Sullivan			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
152 Roxbury Rd						
City	State	Zip Code	City	State	Zip Code	
Niantic	CT 06357					
19. TREASURER TELEPHONE 20. TREASURER EN			MAIL ADDRESS			
(Include Area Code)						
860 460 4105 Dev4105@hotmai			il.com			
21. DEPUTY TREASURER NAME						
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. DEPUTY TREAS			URER EMAIL ADDRESS			
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
Dime Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
18 Chesterfield Rd East Lyme,Ct 06333						
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REGISTRA	TION TYPE	CANDIDATE NAME
✔ Initial	Amendment	Paul M Formica
28. CERTIF	ICATION	
comn this s	nittee registration tatement 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 its 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.
Pau	I M Formica	04/10/2018
CAND	DATE SIGNATURE	DATE (mm/dd/yyyy)
Treasurer		
candi electo requii	date to serve as or in the State or rements as cont	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 lined in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ons concerning campaign contributions and expenditures.
I certi	fy that I have p	aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisd under plea c anoth	iction, any (A) Title 9 of the (or the completion or such felony or	
	fy that I am nomission.	otherwise barred from serving as a treasurer by order of the State Elections Enforcement
Devon M Sullivan		04/10/2018
TREAS	URER SIGNATURE	DATE (mm/dd/yyyy)
Deputy Treasurer		
candi- and a- auton that I disclo	date to serve as eccept that, in the natically become am an elector in sure requireme	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 eresponsible 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 into as contained in Chapter 155 through 157 of the General Statutes, and to abide by any one or restrictions concerning campaign contributions and expenditures.
I certi	fy that I have p	aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisd under plea c	iction, any (A) Title 9 of the C	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 teneral 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.
	fy that I am not cement Commi	otherwise barred from serving as a deputy treasurer by order of the State Elections ssion.
DEPUT	Y TREASURER SIGNA	TURE 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)					
A. I am one of a slate of candidates whose campaigns are being funded soler, y 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 of committee 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.	I do not intend	to receive experience 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 se, for the reason checked above, is true, accurate and complete to the best of my ef.				
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)				