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	Nov 2018		(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
					(If applicable)		
State Representative					141		
5. PARTY AFFILIATION							
✓ Republican	Democratic		Other (Spece	ify) 			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Terrie			E	Wood			
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)		
Street Address				Address			
50 St Nicholas Rd							
City		State	Zip Code	City		State	Zip Code
Darien		СТ	06820				
9. CANDIDATE TELEPHON	NE	10. CAN	DIDATE EN	IAIL ADDRESS			
(Include Area Code)							
203 655	4452	terriev	vood@gmai	il.com			
11. DESIGNATION OF CAN	IPAIGN FUNDING	SOURCE					
(Check one)							
✓ A. I am form Registration	-	commi	ttee and I	am required to file a Candidate	e Comm	ittee	
Go to Form	1A and complete	pages 2	and 3 — Co	andidate Registration Statement.			
-	pt from forming ng a Candidate C			mittee and I am filing a Certifi	cation c	ofExem	ption
Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.							
—			—	e this page <i>together with</i> either Fo		-	

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 NA	ME					
Initial I Amendment Terrie E Wood							
12. COMMITTEE NAME	12. COMMITTEE NAME						
Terrie Wood 2018							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	/EBSITE		
Address				Email Address			
50 St Nicholas Rd							
City		State	Zip Code	Website			
Darien		СТ	06820	terriewood2018.com			
16. TREASURER NAME							
First Name			MI	Last Name		Suffix	
Robert				Eydt			
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If differen	t)		
Street Address				Address			
86 Highland Ave							
City		State	Zip Code	City	State	Zip Code	
Rowayton CT		СТ	06853				
19. TREASURER TELEPHON	1E	20. TRI	EASURER E	MAIL ADDRESS			
(Include Area Code)							
203 838 9222 beydt001@)01@gmail	.com			
21. DEPUTY TREASURER NA	AME		T				
First Name			MI	Last Name		Suffix	
22. DEPUTY TREASURER RI	ESIDENCE ADDR	ESS		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 TREA	SURER EMAIL ADDRESS				
(Include Area Code)							
26. DEPOSITORY INSTITUT	ION NAME						
Fairfield County Bank							
27. DEPOSITORY INSTITUT	27. DEPOSITORY INSTITUTION ADDRESS						
Address	Address						
2 McKinney Street, Rowayton, CT 06853							
L				· ·	<u> </u>		

SEEC FORM 1A Revised September 2016 Page 3 of 4

REGISTRATION TYPE		CANDIDATE NAME		
✔ Initial	Amendment	Terrie E Wood		
28. CERTIFICATION				
Co-Flat				

Candidate

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.

Terrie E Wood	04/10/2018	
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.

Robert Eydt	04/11/2018
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.

THIS PAGE INTENTIONALLY LEFT BLANK

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					
12. REASON FOR EXEMP	TION FROM FORMING A CANDIDATE COMMITTEE				
I hereby cer	ify that I am exempt from forming a candidate committee because (CHECK ONE)				
political commit	□ 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 expenditure and the temp being full be reported by the committee sponsoring my candidacy. The name of this space of committee is:				
	OR				
■ B. I am funding my campaign entirely from my own verse of fundisold will not request or receive contributions from other individuals or committees and I to Versus that if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be recensively for filing Sinancial disclosure statements (SEEC Form 23) according to the same schedule and in the annumative 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)				