## **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

### Registration by Candidate

Revised September 2016



REGISTRATION TYPE	PE 1. ELECTION DATE (mm/dd/yyyy)		2. MUNICIPALITY					
				(If applicable)				
✓ Initial   Amendment	Nov 2018							
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
					(If applicable	2)		
State Senator				016				
5. PARTY AFFILIATION	5. PARTY AFFILIATION							
Republican	✓ Democratic		Other (Speci	(fv)				
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Dagmara				Scalise				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address		Address						
271 Blue Hills Rd								
City	S	State	Zip Code	City		State	Zip Code	
Southington		СТ	06489					
9. CANDIDATE TELEPHONE 10. CANDIDA		DIDATE EM	IAIL ADDRESS					
(Include Area Code)								
773 885	1007	dagma	arasc@gma	il.com				

#### 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 Dagmara Scali	✓ Initial I Amendment Dagmara Scalise					
12. COMMITTEE NAME						
Dagmara for State Senate	Dagmara for State Senate					
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address			Email Address			
271 Blue Hills Rd						
City State		Zip Code 06489	Website			
Southington CT		00403	scalise4ctsenate.com			
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Lisa			Sandow			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
287 Summer St						
City	State	Zip Code	City	State	Zip Code	
Plantsville	CT 06479					
19. TREASURER TELEPHONE	20. TRE	EASURER EM	IAIL ADDRESS			
(Include Area Code)						
847 431 0867 lisa.steinsand@gm			nail.com			
21. DEPUTY TREASURER NAME First Name		МІ	Last Name		Suffix	
		MII			Sumx	
James			Sinclair			
22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address			23. DEPUTY TREASURER MAILING ADDRES Address	${f S}$ (If different	")	
27 Hobart St			Auditos			
City	State	Zip Code	City	State	Zip Code	
Southington	СТ	06489-				
-	25. DEPUTY TREASURER EMAIL ADDRESS					
24. DEPUTY TREASURER TELEPHONE (Include Area Code)	23. DEP	UTTTKEAS	UNER EMAIL ADDRESS			
860 840 9644	jdsinclair@cox.net					
26. DEPOSITORY INSTITUTION NAME						
TD Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
121 Main Street, Southington, CT 06489						
			•			

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DEPUTY TREASURER SIGNATURE

	TION TYPE	CANDIDATE NAME	
✓ Initial	Amendment		
		Dagmara Scalise	
28. CERTIF	ICATION		
I here commenthis s	nittee registration tatement includ	on statement are true and accur es my certification to the fact	statement, that all of the designations set forth in this candidate rate to the best of my knowledge and belief, and further, that that any individual designated herein to serve as my treasurer ptance of my appointment of them to those positions.
Dagmara Scalise 04/10/2018		04/10/2018	
CAND	IDATE SIGNATURE		DATE (mm/dd/yyyy)
candi electo requi limita	date to serve as or in the State o rements as cont ations or restrict	the candidate's designated tre f Connecticut. I intend to com ained in Chapter 155 through ions concerning campaign cor	statement, that I have accepted my appointment by the easurer of this candidate committee. I certify that I am an apply with all the campaign finance registration and disclosure 157 of the General Statutes, and to abide by any prohibitions, antributions and expenditures.
I cert jurisd under plea c anoth I cert	ify that I have n liction, any (A) Title 9 of the O or the completion	ot been convicted of or pled g felony involving fraud, forger General Statues, or that at least on of any sentence, whichever or offense.	guilty or nolo contendere to, in a court of competent ry, larceny, embezzlement or bribery, or (B) criminal offense t eight years have elapsed from the date of the conviction or date is later, without a subsequent conviction of or plea to
			04/10/2018
		DATE (mm/dd/yyyy)	
Deputy Treasure			(
I here candi and a auton that I disclo	eby certify and so date to serve as eccept that, in the natically become am an elector in osure requireme	the candidate's designated de e event of a vacancy caused by e responsible for discharging a n the State of Connecticut. I in nts as contained in Chapter 15	statement, that I have accepted my appointment by the sputy treasurer of this candidate committee, and I understand by the treasurer's death, incapacity or resignation, I shall all of the duties required of the vacating treasurer. I certify noted to comply with all the campaign finance registration and 55 through 157 of the General Statutes, and to abide by any campaign contributions and expenditures.
I cert	ify that I have p	aid any civil penalties or forfe	eitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisd under plea d	liction, any (A) Title 9 of the (	felony involving fraud, forger General Statues, or that at least on of any sentence, whichever	guilty or nolo contendere to, in a court of competent ry, larceny, embezzlement or bribery, or (B) criminal offense t eight years have elapsed from the date of the conviction or date is later, without a subsequent conviction of or plea to
	ify that I am no cement Commi		g as a deputy treasurer by order of the State Elections
Jam	es Sinclair		04/10/2018

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 reconsitive for filing financial 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)				