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 S	OUGHT				4. DISTR	RICT NUM	IBER
					(If applicable	e)	
State Representative					032		
5. PARTY AFFILIATION							
Republican	✓ Democratic		Other (Spece	ify)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Laurel			А	Steinhauser			
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)		1
Street Address				Address			
56 Prospect St							
City		State	Zip Code	City		State	Zip Code
Portland		СТ	06480				
9. CANDIDATE TELEPHONE 10. CANDIDATE EN				IAIL ADDRESS		<u> </u>	
(Include Area Code)							
413 531 3908 Lsteinhauser@gmail.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. 							
<i>Go to</i> Form 1B <i>and complete</i> <i>page 4</i> — <i>Certification of Exemption from Forming a Candidate Committee.</i>							
Important Notice: Failure of a candidate to complete this page <i>together with</i> either Form 1A, "Registration of Candidate Committee," <i>or</i> 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 Amendment	Laurel A Steinh	auser				
12. COMMITTEE NAME						
Laurel for State Rep						
13. COMMITTEE ADDRESS	13. COMMITTEE ADDRESS 14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address				Email Address		
64 High St						
City		State	Zip Code	Website		
Portland		СТ	06480			
16. TREASURER NAME						
First Name			MI	Last Name		Suffix
Victoria			М	Short		
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different,)	
Street Address				Address		
64 High St						
City		State	Zip Code	City	State	Zip Code
Portland		СТ	06480			
19. TREASURER TELEPHONE			ASURER EN	IAIL ADDRESS		
(Include Area Code)						
503 780 5443	3	victoria	a5443@gma	ail.com		
21. DEPUTY TREASURER NA	AME		1			
First Name			MI	Last Name		Suffix
Rose				Aletta		
22. DEPUTY TREASURER R	ESIDENCE ADDR	ESS		23. DEPUTY TREASURER MAILING ADDRESS	5 (If different,)
Street Address				Address		
89 Middlesex Avenue Ext						
City		State	Zip Code	City	State	Zip Code
Portland		СТ	06480-			l
24. DEPUTY TREASURER TI	ELEPHONE	25 DFP	1436 UTV TREAS	URER EMAIL ADDRESS		
(Include Area Code)		23, DEI				
860 794 218	5	centra	lctappr@aol	l.com		
26. DEPOSITORY INSTITUT	ION NAME					
Liberty Bank						
27. DEPOSITORY INSTITUT	ION ADDRESS					
Address						
245 Main Street, Portland,	CT 06480					

SEEC FORM 1A

Revised September 2016

✓ Initial Amendment Laurel A Steinhauser	REGISTRATION TYPE CANDIDATE NAME		CANDIDATE NAME
	✓ Initial	Amendment	Laurel A Steinhauser

28. CERTIFICATION

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.

Laurel A Steinhauser		04/13/2018	
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.

Victoria M Short	04/13/2018
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.

Rose Aletta	04/13/2018
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/yyyy)

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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			
□ Initial □ Amendmen			
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)		
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 expendition and the unit being the committee sponsoring my candidacy. The name of this spinsories contained is:			
	OR		
contributions fro thousand dollars	g my campaign entirely from my own verse al fun is and will not request or receive in other individuals or committees and I to terstation of if I make expenditures exceeding one (\$1,000) that I shall be reconstant for filing financial disclosure statements (SEEC Form 23) same schedule and in the campaigneer 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)		