SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	1. ELECTION DAT	ΓE (mm/dd/y	vyyy)	2. MUNICIPALITY				
			(If applicable)					
✓ Initial Amendment Nov 2018								
3. OFFICE OR POSITION	SOUGHT				4. DISTRICT NUMBER			
					(If applicabl	le)		
State Representative					133			
5. PARTY AFFILIATION								
✓ Republican	Democratic		Other (Spec	ify)				
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Sally				Connolly				
7. CANDIDATE RESIDENC	CE ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)		-	
Street Address				Address				
682 Tunxis Hill Rd								
City		State	Zip Code	City		State	Zip Code	
Fairfield		СТ	06825					
9. CANDIDATE TELEPHO	NE	10. CAN	NDIDATE EN	IAIL ADDRESS				
(Include Area Code)								
203 362	2294	rallyfo	rsally2018@	⊉gmail.com				
11. DESIGNATION OF CA	MPAIGN FUNDING	SOURCE	C					
(Check one)								
	ing a candidate n Statement.	commi	ttee and I	am required to file a Candidate	comm	nittee		
Go to Form	1A and complete	pages 2	and 3 – Co	andidate Registration Statement.				
	pt from forming ing 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.								
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								

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	AME						
✓ Initial I Amendment Sally Connolly								
12. COMMITTEE NAME								
Sally Connolly for State Representative								
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	/EBSITE			
Address				Email Address				
26 Dale St				jafraloretta@aol.com				
City		State	Zip Code	Website				
Trumbull		СТ	06611					
16. TREASURER NAME			•					
First Name			MI	Last Name		Suffix		
Loretta			J	Chory				
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If differen	t)			
Street Address				Address				
26 Dale Rd								
City		State	Zip Code	City	State	Zip Code		
Trumbull		СТ	06611					
19. TREASURER TELEPHON	1E	20. TRH	EASURER E	MAIL ADDRESS				
(Include Area Code)								
203 258 0510 j		jafraloretta@aol.com						
21. DEPUTY TREASURER NA	AME		-					
First Name			MI	Last Name		Suffix		
22. DEPUTY TREASURER RESIDENCE ADDR		RESS 23. DEPUTY TREASURER MAILING ADDRESS (If different)			t)			
Street Address				Address				
City		State	Zip Code	City	State	Zip Code		
24 DEDUTY TDEASUDED TH	TEDHONE	25 DEP						
24. DEPUTY TREASURER TELEPHONE 2 (Include Area Code) 2		25. DEPUTY TREASURER EMAIL ADDRESS						
26. DEPOSITORY INSTITUT	ION NAME							
People's United Bank								
27. DEPOSITORY INSTITUT Address	ION ADDRESS							
850 Main Street, Bridgeport, CT 06604								
					<u> </u>			

SEEC FORM 1A

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REGISTRATION TYPE	CANDIDATE NAME				
✓ Initial Amendment	Sally Connolly				
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.					

Sally Connolly	04/01/2018
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.

Loretta J Chory	04/01/2018
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.

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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 Amendment						
12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE						
I hereby cer	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 solely v a town committee or a political committee formed for a single election or primary and expendit and the tamp behavioral be reported by the committee sponsoring my candidacy. The name of this spinsor expension mittains:						
	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)					