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				(If applicable)			
• Initial 7 thendinent	Nov 2018						
3. OFFICE OR POSITION S	OUGHT			4. DISTRICT NUMBER			
					(If applicable)		
State Representative				085			
5. PARTY AFFILIATION							
✓ Republican Democratic Other (Specify)							
· · · · · · · · · · · · · · · · · · ·							
	6. CANDIDATE NAME						
First Name			MI	Last Name			Suffix
Donald			E	Crouch			Jr
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address			
5 Lincoln Ave							
City		State	Zip Code	City		State	Zip Code
Wallingford		СТ	06492				
9. CANDIDATE TELEPHONE		10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
203 927	8899	Don@	DonCrouch	.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 Amendment Donald E Crouch Jr						
12. COMMITTEE NAME						
Crouch 2018	Crouch 2018					
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address			Email Address			
5 Lincoln Ave			don@doncrouch.com			
City	State	zip Code 06492	Website			
Wallingford	СТ	00432	doncrouch.com	ouch.com		
16. TREASURER NAME	<u> </u>					
First Name		MI	Last Name Suffix			
Gregg		М	Hannan			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
246 Reeds Gap Rd # 3A						
City	State	Zip Code	City	State	Zip Code	
Northford	СТ	06472				
19. TREASURER TELEPHONE 20. TREASURER EM			MAIL ADDRESS			
(Include Area Code)						
203 675 7488 Gregg.Hannan@gr			gmail.com			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRES	S (If differen	<i>t</i>)	
Street Address			Address	15 (1) ayyeren	9	
City	State	Zip Code	City	State	Zip Code	
24 DEDITY TOTASHDED TELEDHONE	25 DED	OUTV TOFAC	SURER EMAIL ADDRESS			
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS (Include Area Code)			BURER EMAIL ADDRESS			
26. DEPOSITORY INSTITUTION NAME						
TD Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
2 North Main Street, Wallingford, CT 06492						

SEEC FORM 1A Revised September 2016

REGISTRA	TION TYPE	CANDIDATE NAME	
✓ Initial	Amendment	Donald E Crouch Jr	
28. CERTIF	ICATION		
comn this s	nittee registration tatement includ	on statement are true and accurate to the ses my certification to the fact that any	at, that all of the designations set forth in this candidate he best of my knowledge and belief, and further, that individual designated herein to serve as my treasurer of my appointment of them to those positions.
Don	ald E Crouch Jr		05/04/2018
CAND	IDATE SIGNATURE		DATE (mm/dd/yyyy)
candi electo requii limita I certi I certi	date to serve as or in the State or rements as contations or restrict ify that I have p	the candidate's designated treasurer of Connecticut. I intend to comply with ained in Chapter 155 through 157 of the ions concerning campaign contribution aid any civil penalties or forfeitures are ot been convicted of or pled guilty or	t, that I have accepted my appointment by the of this candidate committee. I certify that I am an all the campaign finance registration and disclosure the General Statutes, and to abide by any prohibitions, and expenditures. Seessed pursuant to Chapters 155 to 157, inclusive. Inclusive the competent and court of competent any, embezzlement or bribery, or (B) criminal offense
plea c anoth I certi Comr	or the completic er such felony of ify that I am not mission.	n of any sentence, whichever date is lor offense.	ears have elapsed from the date of the conviction or ater, without a subsequent conviction of or plea to easurer by order of the State Elections Enforcement
Gregg M Hannan 05/04/2018		<u> </u>	
TREAS	SURER SIGNATURE		DATE (mm/dd/yyyy)
candi and a auton that I disclo	by certify and s date to serve as eccept that, in the natically become am an elector in osure requireme	the candidate's designated deputy tree e event of a vacancy caused by the tree e responsible for discharging all of the the State of Connecticut. I intend to	t, that I have accepted my appointment by the asurer of this candidate committee, and I understand asurer's death, incapacity or resignation, I shall eduties required of the vacating treasurer. I certify comply with all the campaign finance registration and gh 157 of the General Statutes, and to abide by any gn contributions and expenditures.
I cert	ify that I have p	aid any civil penalties or forfeitures a	ssessed pursuant to Chapters 155 to 157, inclusive.
jurisd under plea c	liction, any (A) Title 9 of the (felony involving fraud, forgery, larcer General Statues, or that at least eight y n of any sentence, whichever date is l	nolo contendere to, in a court of competent ny, embezzlement or bribery, or (B) criminal offense ears have elapsed from the date of the conviction or ater, without a subsequent conviction of or plea to
	ify that I am not reement Commi		eputy treasurer by order of the State Elections
DEPUT	TY 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 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 reconstructed for filing francial 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)				