SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



							j	
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018			(If applicable)				
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER				
State Senator				(If applicable) 007				
5. PARTY AFFILIATION								
Republican • Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name				Last Name			Suffix	
Annie				Hornish				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
53 Whitman Dr				584 Thrall Ave				
City		State	Zip Code	City		State	Zip Code	
Granby		CT	06035	Suffield		СТ	06078	
9. CANDIDATE TELEPHONE 10. CAN			DIDATE EM	IDATE EMAIL ADDRESS				
(Include Area Code)								
860 386	6481	anniehornish@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.

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 CAN	DIDATE NAME					
✓ Initial I Amendment Ann	ie Hornish					
12. COMMITTEE NAME						
Annie for Senate						
13. COMMITTEE ADDRESS		14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address			Email Address			
41 Cooley Rd			anniehornish@gmail.com			
City	State Zip Code Website					
North Granby CT 06060- 1215			www.anniehornish.com			
16. TREASURER NAME			_			
First Name		MI	Last Name	Suffix		
Lynn	F Guelzow					
17. TREASURER RESIDENCE ADI	DRESS		18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
41 Cooley Rd						
City	State	Zip Code	City	State	Zip Code	
North Granby	СТ	06060- 1215				
19. TREASURER TELEPHONE 20. TREASURER EM			MAIL ADDRESS			
(Include Area Code)						
860 653 6869 horseluve@cox.ne			et			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Neil		J	Hornish			
22. DEPUTY TREASURER RESIDE	NCE ADDRESS		23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
53 Whitman Dr			584 Thrall Ave			
City	State	Zip Code	City	State	Zip Code	
Granby	СТ	06035	Suffield	СТ	06078	
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER			SURER EMAIL ADDRESS			
(Include Area Code)						
860 386 6481	neil.ho	neil.hornish@cox.net				
26. DEPOSITORY INSTITUTION N	AME					
First National Bank of Suffield						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
30 Bridge Street, Suffield, CT 0	6078					

SEEC FORM 1A Revised September 2016

DEPUTY TREASURER SIGNATURE

REGISTRA	ATION TYPE	CANDIDATE NAME	
Initial	Amendment	Annie Hornish	
8. CERTIF	ICATION		
this s	nittee registration tatement include puty treasurer h	on statement are true and access my certification to the fa	se statement, that all of the designations set forth in this candidate ccurate to the best of my knowledge and belief, and further, that act that any individual designated herein to serve as my treasurer cceptance of my appointment of them to those positions.
	ie Hornish		05/10/2018
CAND	IDATE SIGNATURE		DATE (mm/dd/yyyy)
candi electo requi	date to serve as or in the State or rements as cont	the candidate's designated f Connecticut. I intend to cained in Chapter 155 through	se statement, that I have accepted my appointment by the I treasurer of this candidate committee. I certify that I am an comply with all the campaign finance registration and disclosure 157 of the General Statutes, and to abide by any prohibitions, contributions and expenditures.
I cert	ify that I have p	oaid any civil penalties or fo	orfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisd under plea o anoth	diction, any (A) Title 9 of the Cor the completion for the completion	felony involving fraud, for General Statues, or that at le on of any sentence, whichever or offense.	ed guilty or nolo contendere to, in a court of competent regery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or ever date is later, without a subsequent conviction of or plea to rving as a treasurer by order of the State Elections Enforcement
Comi	mission.		
Lynn	r F Guelzow		05/10/2018
TREAS	SURER SIGNATURE		DATE (mm/dd/yyyy)
candi and a auton that I disclo	eby certify and a date to serve as eccept that, in the natically become am an elector in osure requirements	the candidate's designated e event of a vacancy caused the responsible for discharging the State of Connecticut. Ents as contained in Chapter	se statement, that I have accepted my appointment by the I deputy treasurer of this candidate committee, and I understand d by the treasurer's death, incapacity or resignation, I shall ng all of the duties required of the vacating treasurer. I certify I intend to comply with all the campaign finance registration and r 155 through 157 of the General Statutes, and to abide by any ing campaign contributions and expenditures.
I cert	ify that I have p	oaid any civil penalties or fo	orfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisd under plea d	liction, any (A) Title 9 of the 0	felony involving fraud, for General Statues, or that at le on of any sentence, whichever	ed guilty or nolo contendere to, in a court of competent regery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or ver date is later, without a subsequent conviction of or plea to
	ify that I am no cement Comm		rving as a deputy treasurer by order of the State Elections
Neil	J Hornish		05/10/2018

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 becaus (CHECK ONE)				
A. I am one of a slate of candidates whose campaigns are being funded solely was tow committee or a political committee formed for a single election or primary and expendit to the decomposition of the properties of the committee sponsoring my candidacy. The name of this space of the committee 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)			