SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	SMEN.	COMM					<u> </u>	
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 Representative					(If applicable) 105			
5. PARTY AFFILIATION								
Republican V Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name	MI		MI	Last Name		Suffix		
Kevin				McDuffie				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address				Address				
2 Haley Ridge Rd								
City		State	Zip Code	City		State	Zip Code	
Beacon Falls		СТ	06403					
9. CANDIDATE TELEPHONE 10. C			10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)								

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

2186

530

(Check one)

203

✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

kevin_mc_duffie@snet.net

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 NA	CANDIDATE NAME					
✓ Initial I Amendment Kevin McDuffie	Kevin McDuffie					
12. COMMITTEE NAME						
Kevin McDuffie State Rep 105						
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address			Email Address			
2 Haley Ridge Rd			kevin_mc_mcduffie@snet.net			
City	State	Zip Code 06403	Website			
Beacon Falls	CT	00400				
16. TREASURER NAME	•					
First Name		MI	Last Name Suffix			
Cheryl			Pereiras			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
46 Prairie Ave						
City	State	Zip Code	City	State	Zip Code	
Derby	СТ	06418				
19. TREASURER TELEPHONE 20. TREASURER EM			MAIL ADDRESS			
(Include Area Code) 203 410 8235	cheryl.pereiras@amr.net					
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
City	State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS			
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
Peoples Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address Division Street, Ansonia, CT 06401						
			•	•		

REGISTRA	TION TYPE	CANDIDATE NAME	
Initial	Amendment	Kevin McDuffie	
28. CERTIF	ICATION		
comn this st	nittee registration tatement includ	on statement are true and accur- es my certification to the fact t	attement, that all of the designations set forth in this candidate ate to the best of my knowledge and belief, and further, that hat any individual designated herein to serve as my treasurer stance of my appointment of them to those positions.
Kevi	n McDuffie		05/11/2018
CANDI	DATE SIGNATURE		DATE (mm/dd/yyyy)
I certi jurisd under plea c	date to serve as or in the State of the State of the State of the serve as contained as containe	the candidate's designated treat Connecticut. I intend to compained in Chapter 155 through 1 ions concerning campaign contaid any civil penalties or forfeit of been convicted of or pled gufelony involving fraud, forgery General Statues, or that at least on of any sentence, whichever corroffense.	tures assessed pursuant to Chapters 155 to 157, inclusive. nilty or nolo contendere to, in a court of competent y, larceny, embezzlement or bribery, or (B) criminal offense eight years have elapsed from the date of the conviction or late is later, without a subsequent conviction of or plea to
	fy that I am no nission.	t otherwise barred from serving	g as a treasurer by order of the State Elections Enforcement
Cher	yl Pereiras		05/11/2018
TREAS	URER SIGNATURE		DATE (mm/dd/yyyy)
candicand action that I disclo	by certify and so date to serve as eccept that, in the natically become am an elector in soure requireme	the candidate's designated depe event of a vacancy caused by e responsible for discharging an the State of Connecticut. I into as contained in Chapter 155	atement, that I have accepted my appointment by the outy treasurer of this candidate committee, and I understand the treasurer's death, incapacity or resignation, I shall ll of the duties required of the vacating treasurer. I certify stend to comply with all the campaign finance registration and 5 through 157 of the General Statutes, and to abide by any campaign contributions and expenditures.
I certi	fy that I have p	aid any civil penalties or forfei	tures assessed pursuant to Chapters 155 to 157, inclusive.
jurisd under plea c	iction, any (A) Title 9 of the (felony involving fraud, forgery General Statues, or that at least on of any sentence, whichever of	nilty or nolo contendere to, in a court of competent v, larceny, embezzlement or bribery, or (B) criminal offense eight years have elapsed from the date of the conviction or late is later, without a subsequent conviction of or plea to
	fy that I am no cement Commi		g as a deputy treasurer by order of the State Elections
DEPUT	Y 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	12. REASON FOR EXEMPTION 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 spaces committees:						
		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)				