SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



ENT COM						<u> </u>		
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY					
Nov 2018			(If applicable)					
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER				
State Representative			(If applicable) 008					
5. PARTY AFFILIATION								
Republican V Democratic Other (Specify)								
	MI	Last Name				Suffix		
Brenda S			Falusi					
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
		Address						
State	Zip Code	City			State	Zip Code		
СТ	06084							
9. CANDIDATE TELEPHONE 10. CANDIDATE								
	State CT	Other (S) MI S State Zip Code 06084	Other (Specify) MI Last Name S Falusi 8. CANDIDATE Address State Zip Code 06084	Other (Specify) MI Last Name S Falusi 8. CANDIDATE MAILING ADDRESS Address State Zip Code O6084 CT City CT	TE (mm/dd/yyyy) 2. MUNICIPALITY (If applicable) 4. DISTR (If applicable) Other (Specify) MI Last Name S Falusi 8. CANDIDATE MAILING ADDRESS (If different) Address State Zip Code O6084 CT O6084			

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

1278

874

(Check one)

860

✓ 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.

bfalusi@aol.com

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 I Amendment Brenda S Falus	Brenda S Falusi					
12. COMMITTEE NAME	12. COMMITTEE NAME					
Brenda 2018						
13. COMMITTEE ADDRESS	13. COMMITTEE ADDRESS 4 WEBSITE					
Address			Email Address			
4 Laurel Ridge Rd			repbrenda2018@gmail.com			
City State Zi			Website			
Tolland	CT					
16. TREASURER NAME						
First Name		MI	Last Name		Suffix	
Katherine		S	Murray			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
8 Lisa Ln						
City	State	Zip Code	City	State	Zip Code	
Tolland	CT 06084					
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS			
(Include Area Code)						
860 874 8060 kstar.murray@gmail.com						
21. DEPUTY TREASURER NAME		l va	Ir as		0.00	
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	
Cay	State	Zip code				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER			URER EMAIL ADDRESS			
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
Key Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
215 Merrow Road, Tolland, CT 06084						

REGISTRA	TION TYPE	CANDIDATE NAME	
✓ Initial	Amendment	Brenda S Falusi	
28. CERTIF	ICATION		
comn this s	nittee registration tatement includ	on statement are true and accurate to es my certification to the fact that an	ent, that all of the designations set forth in this candidate the best of my knowledge and belief, and further, that y individual designated herein to serve as my treasurer of my appointment of them to those positions.
Brenda S Falusi			05/11/2018
CAND	DATE SIGNATURE		DATE (mm/dd/yyyy)
candicelectorequirelectore limita I certicelectore limita I certicele	date to serve as or in the State or rements as contitions or restrict fy that I have p fy that I have n iction, any (A) Title 9 of the C	the candidate's designated treasurer Connecticut. I intend to comply with ained in Chapter 155 through 157 of ions concerning campaign contribute aid any civil penalties or forfeitures of been convicted of or pled guilty of felony involving fraud, forgery, larc General Statues, or that at least eight n of any sentence, whichever date is	ent, that I have accepted my appointment by the of this candidate committee. I certify that I am an th all the campaign finance registration and disclosure the General Statutes, and to abide by any prohibitions, ons and expenditures. assessed pursuant to Chapters 155 to 157, inclusive. I nolo contendere to, in a court of competent eny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or later, without a subsequent conviction of or plea to
	fy that I am no	otherwise barred from serving as a	treasurer by order of the State Elections Enforcement
Katherine S Murray			05/11/2018
TREAS	URER SIGNATURE		DATE (mm/dd/yyyy)
candicand and according that I disclosure prohibits I certification of the control of the contro	by certify and so date to serve as except that, in the natically become am an elector in sure requirementations, limitation fy that I have pure five that I have noticition, any (A). Title 9 of the Correct the completion of the c	the candidate's designated deputy tree event of a vacancy caused by the tree responsible for discharging all of the tree responsible for Connecticut. I intend the tree responsible for discharging all of the responsible for	ent, that I have accepted my appointment by the easurer of this candidate committee, and I understand reasurer's death, incapacity or resignation, I shall ne duties required of the vacating treasurer. I certify to comply with all the campaign finance registration and tagh 157 of the General Statutes, and to abide by any ign contributions and expenditures. assessed pursuant to Chapters 155 to 157, inclusive. It nolo contendere to, in a court of competent eny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or later, without a subsequent conviction of or plea to 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	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	A. I am one of a slate of candidates whose campaigns are being funded solely was town 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 countries:					
		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 reconsitive for filing financial 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)				