SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate



| Revised September 2016 | ON STATE OF THE PARTY OF THE PA | | | |
|-------------------------|--|-----------------|---------------------|---|
| REGISTRATION TYPE | 1. ELECTION DATE (mm/dd/yyyy) | 2. MUNICIPALITY | | |
| ✓ Initial Amendment | Nov 2018 | (If applicable) | | |
| 3. OFFICE OR POSITION S | OUGHT | | 4. DISTRICT NUMBER | ₹ |
| State Representative | | | (If applicable) 035 | |
| 5. PARTY AFFILIATION | | | <u> </u> | |

| State Representative | | | | | 035 | | |
|--|----------------------|-----------------------------|------------------------------|----------------|--------|----------|--|
| 5. PARTY AFFILIATION | 5. PARTY AFFILIATION | | | | | | |
| Republican Democratic VOther (Specify) Green Party | | | | | | | |
| 6. CANDIDATE NAME | | | | | | | |
| First Name | MI | Last Name | | | Suffix | | |
| Madeline | М | Leveille | | | | | |
| 7. CANDIDATE RESIDENCE ADDRESS | | | 8. CANDIDATE MAILING ADDRESS | (If different) | | | |
| Street Address | | Address | | | | | |
| 11 Iroquois Dr | | | | | | | |
| City | State | Zip Code | City | | State | Zip Code | |
| Clinton | | 06413 | | | | | |
| 9. CANDIDATE TELEPHONE | | 10. CANDIDATE EMAIL ADDRESS | | | | | |
| (Include Area Code) | | | | | | | |
| 860 287 1322 mmlev | | eille@como | east net | | | | |

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 NA | EGISTRATION TYPE CANDIDATE NAME | | | | | |
|--|---|-------------------|--|-------|----------|--|
| ✓ Initial I Amendment Madeline M Le | Madeline M Leveille | | | | | |
| 12. COMMITTEE NAME | | | | | | |
| Friends of Madeleine | | | | | | |
| 13. COMMITTEE ADDRESS | 13. COMMITTEE ADDRESS 4 WEBSITE | | | | | |
| Address | | | Email Address | | | |
| 11 Iroquois Dr | 11 Iroquois Dr | | | | | |
| City | State | Zip Code 06413 | Website | | | |
| Clinton | CT | 00413 | | | | |
| 16. TREASURER NAME | • | | | | | |
| First Name | | MI | Last Name Suffix | | | |
| Owen | | N | Charles | | | |
| 17. TREASURER RESIDENCE ADDRESS | | | 18. TREASURER MAILING ADDRESS (If different) | | | |
| Street Address | | | Address | | | |
| 5 Nichols Hill Dr | | | | | | |
| City | State | Zip Code | City | State | Zip Code | |
| Madison | СТ | 06443 | | | | |
| 19. TREASURER TELEPHONE 20. TREASURER EM | | | IAIL ADDRESS | | | |
| (Include Area Code) 203 | | | @yahoo.com | | | |
| 21. DEPUTY TREASURER NAME | | | | | | |
| First Name | | MI | Last Name | | Suffix | |
| James | | J | Connolly | | | |
| 22. DEPUTY TREASURER RESIDENCE ADDRESS 23. DEPUTY TREASURER MAILING ADDRESS (If different) | | | | | t) | |
| Street Address Address | | | | | | |
| 11 Iroquois Dr | | | | | | |
| City | State | Zip Code | City | State | Zip Code | |
| Clinton | CT | 06413 | | | | |
| 24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS | | | URER EMAIL ADDRESS | | | |
| (Include Area Code) | | | | | | |
| 860 538 1144 jjconnollyjdphd@mac.com | | | | | | |
| 26. DEPOSITORY INSTITUTION NAME | | | | | | |
| Guilford Savings Bank | | | | | | |
| 27. DEPOSITORY INSTITUTION ADDRESS | | | | | | |
| Address | | | | | | |
| 589 Boston Post Road, Madison, CT 0644 | 589 Boston Post Road, Madison, CT 06443 | | | | | |
| | | | | | | |

SEEC FORM 1A Revised September 2016

Enforcement Commission.

DEPUTY TREASURER SIGNATURE

James J Connolly

| Revised September 2016 | | | | | | | |
|--|--|--|---|--|--|--|--|
| REGISTRA | TION TYPE | CANDIDATE NAME | | | | | |
| Initial | Amendment | Madeline M Leveille | | | | | |
| 28. CERTIF | ICATION | | | | | | |
| comn this s | nittee registration tatement includ | on statement are true and accur es my certification to the fact | statement, that all of the designations set forth in this candidate rate to the best of my knowledge and belief, and further, that that any individual designated herein to serve as my treasurer ptance of my appointment of them to those positions. | | | | |
| Mad | leline M Leveille | | 05/18/2018 | | | | |
| CAND | IDATE SIGNATURE | | DATE (mm/dd/yyyy) | | | | |
| I certification of the control of th | date to serve as or in the State of the State of the State of the serve as contactions or restrict affy that I have projection, any (A). Title 9 of the Corr the completion of the such felony of the such felony of the server as | the candidate's designated tree of Connecticut. I intend to compained in Chapter 155 through ions concerning campaign corraid any civil penalties or forfer ot been convicted of or pled general Statues, or that at least on of any sentence, whichever or offense. | estatement, that I have accepted my appointment by the easurer of this candidate committee. I certify that I am an apply with all the campaign finance registration and disclosure 157 of the General Statutes, and to abide by any prohibitions, intributions and expenditures. Entures assessed pursuant to Chapters 155 to 157, inclusive. Equilty or nolo contendere to, in a court of competent ry, larceny, embezzlement or bribery, or (B) criminal offense to eight years have elapsed from the date of the conviction or date is later, without a subsequent conviction of or plea to ag as a treasurer by order of the State Elections Enforcement | | | | |
| Owen N Charles | | | 05/18/2018 | | | | |
| TREASURER SIGNATURE | | | DATE (mm/dd/yyyy) | | | | |
| candicand and action that I discloprohil I certifurisd under | by certify and so date to serve as eccept that, in the natically become am an elector in osure requirement bitions, limitations, limitations, affy that I have projection, any (A) Title 9 of the C | the candidate's designated deservent of a vacancy caused by a responsible for discharging and the State of Connecticut. I into as contained in Chapter 15 cans or restrictions concerning aid any civil penalties or forfer ot been convicted of or pled general Statues, or that at least | statement, that I have accepted my appointment by the eputy treasurer of this candidate committee, and I understand by the treasurer's death, incapacity or resignation, I shall all of the duties required of the vacating treasurer. I certify intend to comply with all the campaign finance registration and 55 through 157 of the General Statutes, and to abide by any campaign contributions and expenditures. Seitures assessed pursuant to Chapters 155 to 157, inclusive. Suilty or nolo contendere to, in a court of competent by, larceny, embezzlement or bribery, or (B) criminal offense to eight years have elapsed from the date of the conviction or date is later, without a subsequent conviction of or plea to | | | | |
| | er such felony | | og as a deputy treasurer by order of the State Elections | | | | |

05/18/2018

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) |
| poli | itical committee | late of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expendit to the decomposition of the special beautiful as a special property of the special property of the second property o |
| | | OR |
| con thou | tributions from cusand dollars (\$ | ny campaign entirely from my own erstand funds and will not request or receive other individuals or committees and I to derstand a if I make expenditures exceeding one 1,000) that I shall be reconstant for filing francial disclosure statements (SEEC Form 23) me schedule and in the tank manner as record of treasurers of candidate committees. |
| C. | I do not intend | to receive experience 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 se, for the reason checked above, is true, accurate and complete to the best of my ef. |
| CAN | DIDATE SIGNATURE | DATE (mm/dd/yyyy) |
| | | |