### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## **Registration by Candidate**

Revised September 2016



REGISTRATION TYPE	E 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) 038			
5. PARTY AFFILIATION								
✓ Republican Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI	Last Name				Suffix
Kathleen			М	McCarty				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
226 Great Neck Rd								
City		State	Zip Code	City			State	Zip Code
Waterford		СТ	06385					
9. CANDIDATE TELEPHONE 10. CAN			DIDATE EMAIL ADDRESS					
(Include Area Code)  860 442 2903 kdupp			mc@aol c	om.				

#### 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	Kathleen M McCarty							
12. COMMITTEE NAME								
McCarty for State Rep 2018								
13. COMMITTEE ADDRESS 4 WEBS								
Address				Email Address				
151 Shore Rd			mccartyk2018@gmail.com					
City State			Zip Code 06385	Website				
Waterford CT			00000					
16. TREASURER NAME	16. TREASURER NAME							
First Name			MI	Last Name Suffix				
Susan			В	Benzyk				
17. TREASURER RESIDENCE	ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address				Address				
151 Shore Rd								
City		State Zip Code		City	State	Zip Code		
Waterford		СТ	06385					
19. TREASURER TELEPHONE 20. TREASURER E			ASURER EM	AAIL ADDRESS				
(Include Area Code)								
203 554 7729 sbenzyk@gmail.co			om					
21. DEPUTY TREASURER NAM	ME							
First Name			MI	Last Name S				
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								
Citizens Bank								
27. DEPOSITORY INSTITUTION ADDRESS								
Address								
117 Boston Post Road, Waterford, CT 06385								

SEEC FORM 1A Revised September 2016

DEPUTY TREASURER SIGNATURE

REGISTRATION TYPE	CANDIDATE NAME				
✓ Initial   Amendment					
	Kathleen M McCarty				
28. CERTIFICATION  Candidate					
I hereby certify and s committee registration this statement include	state, under penalties of false statement, that all of the designations set forth in on statement are true and accurate to the best of my knowledge and belief, and set my certification to the fact that any individual designated herein to serve as ave indicated to me their acceptance of my appointment of them to those positions.	further, that my treasurer			
Kathleen M McCarty	05/15/2018	05/15/2018			
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)				
candidate to serve as elector in the State of requirements as conta limitations or restrict	state, under penalties of false statement, that I have accepted my appointment be the candidate's designated treasurer of this candidate committee. I certify that f Connecticut. I intend to comply with all the campaign finance registration an ained in Chapter 155 through 157 of the General Statutes, and to abide by any pions concerning campaign contributions and expenditures.	t I am an ad disclosure prohibitions,			
I certify that I have n jurisdiction, any (A) under Title 9 of the C plea or the completio another such felony of	not been convicted of or pled guilty or nolo contendere to, in a court of competer felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) crim General Statues, or that at least eight years have elapsed from the date of the coron of any sentence, whichever date is later, without a subsequent conviction of the coron of the c	ent iinal offense nviction or or plea to			
Susan B Benzyk	05/14/2018				
TREASURER SIGNATURE	DATE (mm/dd/yyyy)				
candidate to serve as and accept that, in the automatically become that I am an elector in disclosure requirement	state, under penalties of false statement, that I have accepted my appointment be the candidate's designated deputy treasurer of this candidate committee, and I elevent of a vacancy caused by the treasurer's death, incapacity or resignation, the responsible for discharging all of the duties required of the vacating treasurer in the State of Connecticut. I intend to comply with all the campaign finance results as contained in Chapter 155 through 157 of the General Statutes, and to abit ons or restrictions concerning campaign contributions and expenditures.	understand I shall r. I certify egistration and			
I certify that I have p	aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157,	inclusive.			
jurisdiction, any (A) under Title 9 of the C	not been convicted of or pled guilty or nolo contendere to, in a court of competer felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) crim General Statues, or that at least eight years have elapsed from the date of the count of any sentence, whichever date is later, without a subsequent conviction of or offense.	inal offense nviction or			
I certify that I am not Enforcement Commi	t otherwise barred from serving as a deputy treasurer by order of the State Electronic State Classion.	tions			

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	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 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)				