SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Amendment

3. OFFICE OR POSITION SOUGHT

Revised September 2016

REGISTRATION TYPE

✓ Initial



1. ELECTION DATE (mm/dd)

Nov 2018

ION		
(עעעי	2. MUNICIPALITY	
	(If applicable)	
		4. DISTRICT NUMBER
		(If applicable)
		008

State Senator 008 5. PARTY AFFILIATION					
5. PARTY AFFILIATION					
Republican • Democratic Other (Specify)					
6. CANDIDATE NAME					
First Name MI Last Name Suffix					
Melissa E Osborne					
7. CANDIDATE RESIDENCE ADDRESS 8. CANDIDATE MAILING ADDRESS (If different)	8. CANDIDATE MAILING ADDRESS (If different)				
Street Address Address					
25 Orchard Ln					
City State Zip Code City State Zip Code	le				
Simsbury CT 06070					
9. CANDIDATE TELEPHONE 10. CANDIDATE EMAIL ADDRESS	ANDIDATE EMAIL ADDRESS				
(Include Area Code)					
860 803 1654 melissa.e.osbornect@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 CANDIDATE NA	ATION TYPE CANDIDATE NAME						
✓ Initial I Amendment Melissa E Osb	Melissa E Osborne						
12. COMMITTEE NAME							
Osborne 2018							
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE			
Address			Email Address				
111 Charles St			g.mcleod@snet.net				
City	State	Zip Code 06790	Website				
Torrington	CT						
16. TREASURER NAME							
First Name		MI	Last Name		Suffix		
Glenn		Α	McLeod				
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address			Address				
111 Charles St							
City	State	Zip Code 06790	City	State	Zip Code		
Torrington	CT	Т 00790					
19. TREASURER TELEPHONE 20. TREASURER EMAIL ADDRESS							
	(Include Area Code)						
860 309 9761 g.mcleod			et				
21. DEPUTY TREASURER NAME							
First Name		MI	Last Name		Suffix		
Paul		W	Summers				
			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address				
Street Address			Address				
69 Rockledge Loop	a:	I a	7: 0.1				
City	State	Zip Code 06790	City	State	Zip Code		
Torrington	СТ	00.00					
24. DEPUTY TREASURER TELEPHONE							
Include Area Code)							
860 626 1485 paulsum06790@yahoo.com							
26. DEPOSITORY INSTITUTION NAME							
Webster Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
1180 East Main Street, Torrington, CT 067	700						

SEEC FORM 1A

Revised September 2016		1 age 3 01 4
REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendment	Melissa E Osborne	
28. CERTIFICATION		
committee registration this statement include	n statement are true and accurate to s my certification to the fact that are	ent, that all of the designations set forth in this candidate the best of my knowledge and belief, and further, that my individual designated herein to serve as my treasurer of my appointment of them to those positions. O5/21/2018 DATE (mm/dd/yyyy)
		2.112 (www.)))))
candidate to serve as telector in the State of requirements as contalimitations or restriction. I certify that I have particularly that I have not jurisdiction, any (A) for under Title 9 of the G plea or the completion another such felony or	the candidate's designated treasurer Connecticut. I intend to comply wined in Chapter 155 through 157 of ons concerning campaign contributed any civil penalties or forfeitures of been convicted of or pled guilty of elony involving fraud, forgery, larce eneral Statues, or that at least eight of any sentence, whichever date is r offense.	ent, that I have accepted my appointment by the of this candidate committee. I certify that I am an ith all the campaign finance registration and disclosure the General Statutes, and to abide by any prohibitions, ions and expenditures. assessed pursuant to Chapters 155 to 157, inclusive. or 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 a later, without a subsequent conviction of or plea to treasurer by order of the State Elections Enforcement
Glenn A McLeod		05/24/2018
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
2		· · · · · · · · · · · · · · · · · · ·
candidate to serve as tand accept that, in the automatically become that I am an elector in disclosure requirement prohibitions, limitation I certify that I have particularly that I have particularly that I have not jurisdiction, any (A) funder Title 9 of the G	the candidate's designated deputy to event of a vacancy caused by the to e responsible for discharging all of to the State of Connecticut. I intend- nts as contained in Chapter 155 thro- ens or restrictions concerning campa- aid any civil penalties or forfeitures of been convicted of or pled guilty of elony involving fraud, forgery, larc- eneral Statues, or that at least eight	ent, that I have accepted my appointment by the reasurer of this candidate committee, and I understand reasurer's death, incapacity or resignation, I shall he duties required of the vacating treasurer. I certify to comply with all the campaign finance registration and ugh 157 of the General Statutes, and to abide by any aign contributions and expenditures. assessed pursuant to Chapters 155 to 157, inclusive. or 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 stater, without a subsequent conviction of or plea to

05/21/2018 Paul W Summers DATE (mm/dd/yyyy) DEPUTY TREASURER SIGNATURE

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections

another such felony or offense.

Enforcement Commission.



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 y a toy committee or a political committee formed for a single election or primary and expendit to the decomposition of the property of the committee sponsoring my candidacy. The name of this sponsorior with a second property of the committee sponsoring my candidacy. The name of this sponsor countries is:						
		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 experiments of one thousand dollars (\$1,000).						
D. I do a served 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)				