SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	1. ELECTION DATE		עעע)	2. MUNICIPALITY			
				(If applicable)			
Initial	Nov 2018						
3. OFFICE OR POSITION S	OUGHT			4. DISTRICT NUMBER			
					(If applicable)		
State Representative					063		
5. PARTY AFFILIATION							
Republican • Democratic			Other (Specify)				
Republican • Democratic Other (specify)							
6. CANDIDATE NAME							
First Name MI			MI	Last Name Suffix			
Althea				Perez			
7. CANDIDATE RESIDENCI	E ADDRESS		8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address			
605 Wakefield Blvd W							
City		State	Zip Code	City		State	Zip Code
Winsted		СТ	06098				
9. CANDIDATE TELEPHONE 10. CANDIDATE E				IAIL ADDRESS			
(Include Area Code)							
860 309	3972	perezcandywinsted@gmail.com					
11 DEGLOVATION OF CAN	IDATON FUNDING						

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.

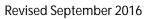
See Section 9-623(b), Connecticut General Statutes.

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





REGISTRATION TYPE CANDIDATE NAME							
Initial	Althea Perez						
12. COMMITTEE NAME							
Candy Perez 2018							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address				Email Address			
PO Box 565		_					
City State			Zip Code 06098	Website			
Winsted CT							
16. TREASURER NAME							
First Name			MI	Last Name		Suffix	
Linda			M	Groppo	Groppo		
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different	t)		
Street Address				Address			
18 Cherry St							
City		State Zip Code 06098		City	State	Zip Code	
Winsted	Vinsted						
19. TREASURER TELEPHONE 20. TREASURER EN			EASURER EN	MAIL ADDRESS			
(Include Area Code)							
860 379 6912		l.gropp	oo@sbcglob	pal.net			
21. DEPUTY TREASURER NA	ME						
First Name			MI	Last Name		Suffix	
Steven				Sedlack			
22. DEPUTY TREASURER RESIDENCE ADDRESS				23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
103 Indian Meadow Dr							
City		State	Zip Code 06098	City	State	Zip Code	
Winsted		CT	00090				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			SURER EMAIL ADDRESS				
(Include Area Code)							
860 379 531	379 5310 ssedlack@charter.net						
26. DEPOSITORY INSTITUTION NAME							
Northwest Community Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
PO Box 1019, Winsted, CT 06098							

SEEC FORM 1A

Revised September 2016		
REGISTRATION TYPE	CANDIDATE NAME	
Initial	Althea Perez	
28. CERTIFICATION		
committee registration this statement include:	state, under penalties of false statement, that all of the designations set for on statement are true and accurate to the best of my knowledge and belief des my certification to the fact that any individual designated herein to serve indicated to me their acceptance of my appointment of them to those 08/02/2018	, and further, that we as my treasurer
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)	_
candidate to serve as t elector in the State of requirements as contai limitations or restriction. I certify that I have pa	state, under penalties of false statement, that I have accepted my appointment the candidate's designated treasurer of this candidate committee. I certificate of Connecticut. I intend to comply with all the campaign finance registration tained in Chapter 155 through 157 of the General Statutes, and to abide by the stions concerning campaign contributions and expenditures. The paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to mot been convicted of or pled guilty or nolo contendere to, in a court of contenders and the part of	y that I am an on and disclosure any prohibitions, 157, inclusive.
under Title 9 of the Go plea or the completion another such felony or	of felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) General Statues, or that at least eight years have elapsed from the date of to on of any sentence, whichever date is later, without a subsequent conviction or offense. Out otherwise barred from serving as a treasurer by order of the State Election	he conviction or on of or plea to
Linda M Groppo	08/02/2018	
TREASURER SIGNATURE	DATE (mm/dd/yyyy)	_
candidate to serve as t and accept that, in the	state, under penalties of false statement, that I have accepted my appointment the candidate's designated deputy treasurer of this candidate committee, the event of a vacancy caused by the treasurer's death, incapacity or resignate responsible for discharging all of the duties required of the vacating treasurer's	and I understand

08/02/2018 Steven Sedlack DEPUTY TREASURER SIGNATURE DATE (mm/dd/yyyy)

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections 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)					
poli	A. I am one of a slate of candidates whose campaigns are being funded solely y a tow committee or a political committee formed for a single election or primary and expendit to the decomposition of the reported by the committee 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 derstall if I make expenditures exceeding one 1,000) that I shall be reconstruction 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 experiments in excess of one thousand dollars (\$1,000).						
□ 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)				