SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	CEME	COMMI]	
REGISTRATION TYPE	1. ELECTION DAT	(עעעע	2. MUNICIPALITY					
✓ Initial Amendment	Nov 2018			(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
State Representative					(If applicable) 143			
5. PARTY AFFILIATION								
Republican • Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name	Jame		MI	Last Name		Suffix		
Stephanie			Thomas					
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address 81 William St				Address				
City		State	Zip Code	City		State	Zip Code	
Norwalk		СТ	06851					
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS							
Include Area Code)								

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

8586

902

(Check one)

917

✓ 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.

stetwin@gmail.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 NA	TION TYPE CANDIDATE NAME					
✓ Initial I Amendment Stephanie Tho	Stephanie Thomas					
12. COMMITTEE NAME						
Stephanie Thomas for CT						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address			Email Address			
81 William St						
City	State	Zip Code 06851	Website			
Norwalk	СТ	00031				
16. TREASURER NAME	•					
First Name		MI	Last Name Suffix			
Donna		I	King			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
71 Aiken St Apt Q-16						
City	State	Zip Code 06851	City	State	Zip Code	
Norwalk	СТ					
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS			
(Include Area Code)						
203 952 5949 dking418@op			ne.net			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Greg		J	Parker			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address	Address					
81 William St						
City	State	Zip Code 06851	City	State	Zip Code	
Norwalk	CT	00001				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS			
(Include Area Code)		00000				
908 313 6623 parker6623@gmail.com						
26. DEPOSITORY INSTITUTION NAME						
TD Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
437 Westport Avenue, Norwalk, CT 06851						

SEEC FORM 1A Revised September 2016

DEPUTY TREASURER SIGNATURE

Revised Sep	itember 2016				
REGISTRA	TION TYPE	CANDIDATE NAME			
Initial	Amendment	Stephanie Thomas			
28. CERTIF	ICATION				
comn this s or dej	nittee registration tatement includ	on statement are true and access my certification to the fa	se statement, that all of the designations set forth in this candidate ecurate to the best of my knowledge and belief, and further, that act that any individual designated herein to serve as my treasurer ecceptance of my appointment of them to those positions. O6/20/2018 DATE (mm/dd/yyyy)		
I certification in the candinate of the care of the care of the canoth c	date to serve as or in the State or rements as contations or restrict ify that I have put ify that I have noticition, any (A). Title 9 of the Cor the completion or such felony of	the candidate's designated of Connecticut. I intend to cained in Chapter 155 throus ions concerning campaign aid any civil penalties or for the convicted of or ple felony involving fraud, for General Statues, or that at least of any sentence, whichever offense.	se statement, that I have accepted my appointment by the I treasurer of this candidate committee. I certify that I am an comply with all the campaign finance registration and disclosure gh 157 of the General Statutes, and to abide by any prohibitions, contributions and expenditures. Orfeitures assessed pursuant to Chapters 155 to 157, inclusive. Indicate the desired probability of the contribution of the seast eight years have elapsed from the date of the conviction or over date is later, without a subsequent conviction of or plea to the conviction of the State Elections Enforcement.		
Comr	nission.	totherwise barred from ser			
	na I King		06/20/2018		
TREAS	SURER SIGNATURE		DATE (mm/dd/yyyy)		
candi and a auton that I disclo prohil	eby certify and so date to serve as eccept that, in the natically become am an elector in osure requirements bitions, limitations	the candidate's designated e event of a vacancy cause e responsible for dischargin in the State of Connecticut. Ints as contained in Chapter ons or restrictions concerni	se statement, that I have accepted my appointment by the deputy treasurer of this candidate committee, and I understand d by the treasurer's death, incapacity or resignation, I shall ng all of the duties required of the vacating treasurer. I certify I intend to comply with all the campaign finance registration and r 155 through 157 of the General Statutes, and to abide by any ng campaign contributions and expenditures.		
I certi	I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.				
jurisd under plea c	liction, any (A) Title 9 of the 0	felony involving fraud, for General Statues, or that at leads on of any sentence, whichever	ed guilty or nolo contendere to, in a court of competent gery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or wer date is later, without a subsequent conviction of or plea to		
	ify that I am no cement Commi		ving as a deputy treasurer by order of the State Elections		
Gred	n I Parker		06/20/2018		

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	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 soler, y a tow committee or a political committee formed for a single election or primary and expendit to the committee sponsoring my candidacy. The name of this sponsoring my candidacy 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.	C. I do not intend to receive xpt. funds m excess of one thousand dollars (\$1,000).					
□ D. I do to not be receive 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)				