SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY				
✓ Initial Amendment				(!f applicable)			
/ Initial Amendment	Nov 2018	2018					
3. OFFICE OR POSITION S	OUGHT			4. DISTRICT NUMBER			
				(If applicable)			
State Representative					057		
5. PARTY AFFILIATION							
Republican	✓ Democratic		Other (Speci	fy)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Dennis				Milanovich			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address				
70 Crane Rd							
City		State	Zip Code	City		State	Zip Code
Ellington		СТ	06029				
9. CANDIDATE TELEPHONE		10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
860 872	2391	dmilan	ovich@com	ncast.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 NAME						
Initial I Amendment Dennis Milanovich						
12. COMMITTEE NAME						
Dennis Leadership						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address			Email Address			
24 Hayes Ave			kdurao@icloud.com			
City	State Zip Code 06029		Website			
Ellington						
16. TREASURER NAME	•	_				
First Name		MI	Last Name Suffix			
Keith	R Durao					
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
24 Hayes Ave						
City	State Zip Code 06029		City	State	Zip Code	
Ellington						
19. TREASURER TELEPHONE 20. TREASURER EN			AAIL ADDRESS			
(Include Area Code)						
860 794 0180 kdurao@icloud		@icloud.co	om			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
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 TREASURER EMAIL ADDRESS					
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
United Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
12 Main Street, Ellington, CT 06029						
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SEEC FORM 1A Revised September 2016

REGISTRATION TYPE	CANDIDATE NAME	
/ Initial Amendment	Dennis Milanovich	
3. CERTIFICATION		
committee registrati this statement include	on statement are true and accurate to les my certification to the fact that ar	ent, that all of the designations set forth in this candidate the best of my knowledge and belief, and further, that ny individual designated herein to serve as my treasurer to of my appointment of them to those positions.
Dennis Milanovich		08/09/2018
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State of requirements as combinitations or restrict. I certify that I have purisdiction, any (A) under Title 9 of the plea or the completic another such felony	s the candidate's designated treasurer of Connecticut. I intend to comply we tained in Chapter 155 through 157 of tions concerning campaign contributed and any civil penalties or forfeitures not been convicted of or pled guilty of felony involving fraud, forgery, lared General Statues, or that at least eight on of any sentence, whichever date is or offense.	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 is later, without a subsequent conviction of or plea to
Commission.	ot otherwise barred from serving as a	treasurer by order of the State Elections Enforcement
Keith R Durao		08/10/2018
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as and accept that, in the automatically become that I am an elector disclosure requirement	s the candidate's designated deputy to be event of a vacancy caused by the to the responsible for discharging all of to the State of Connecticut. I intend	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 the duties required of the vacating treasurer. I certify to comply with all the campaign finance registration and bugh 157 of the General Statutes, and to abide by any aign contributions and expenditures.
I certify that I have J	paid any civil penalties or forfeitures	assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the	felony involving fraud, forgery, lard General Statues, or that at least eight on of any sentence, whichever date is	or nolo contendere to, in a court of competent seny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or is later, without a subsequent conviction of or plea to
I certify that I am no Enforcement Comm		deputy treasurer by order of the State Elections



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 reconstructed for filing francial 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)				