SEEC FORM 1

REGISTRATION BY CANDIDATE

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 3/07

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REGISTRATION TYPE
☑ INITIAL
☐ AMENDED

1. ELECTION DATE (mm/dd/yyyy)	2. OFFICE OR POSITION SOUGHT	3. DISTRICT NUMBER *(if applicable)*
Nov 2014	Governor	

4. CANDIDATE NAME

Prefix	First	MI	Last	Suffix
	Mark	A	Lauretti	

5. CANDIDATE RESIDENCE ADDRESS			6. CANDIDATE MAILING ADDRESS *(if different)*		
Street Address: 14 David Dr			Address: PO Box 185		
City: Shelton	State: CT	Zip Code: 06484	City: Shelton	State: CT	Zip Code: 06484

7. CANDIDATE TELEPHONE *(Include Area Code)*	8. CANDIDATE E-MAIL ADDRESS
(203) 929 — 3704	

9. PARTY AFFILIATION

☑ Republican ☐ Democratic ☐ Other_____

10. DESIGNATION OF CAMPAIGN FUNDING SOURCE ***(check one)***

☑ **10a.** I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.
(Go to Form 1A and complete Candidate Registration Statement)

☐ **10b.** 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 Certification of Exemption)

Important Notice: Failure of a candidate to complete this page *together with* either Form 1A, "Registration of Candidate Committee", *or* Form 1B "Certification of 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.

Notice: 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

REGISTRATION BY CANDIDATE

CANDIDATE COMMITTEE REGISTRATION STATEMENT
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 3/07 Page 2 of 4

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REGISTRATION TYPE
- [x] INITIAL
- [ ] AMENDED

CANDIDATE NAME
Mark A Lauretti

11. NAME OF COMMITTEE
Lauretti Governor 2014

12. COMMITTEE ADDRESS

Address	City	State	Zip Code
PO Box 185	Shelton	CT	06484

13. COMMITTEE E-MAIL ADDRESS	14. COMMITTEE WEB SITE ADDRESS

15. TREASURER NAME

Prefix	First	MI	Last	Suffix
	Sheila		O'Malley	

16. TREASURER RESIDENCE ADDRESS

Street Address	City	State	Zip Code
37 Booth Ave Unit 7	Oakville	CT	06779

17. TREASURER MAILING ADDRESS *(if different)*

Address	City	State	Zip Code

18. TREASURER TELEPHONE *(Include Area Code)*	19. TREASURER E-MAIL ADDRESS
(203) 437 — 1598	sheeshee13@gmail.com

20. DEPUTY TREASURER NAME

Prefix	First	MI	Last	Suffix

21. DEPUTY TREASURER RESIDENCE ADDRESS

Street Address	City	State	Zip Code

22. DEPUTY TREASURER MAILING ADDRESS *(if different)*

Address	City	State	Zip Code

23. DEPUTY TREASURER TELEPHONE	24. DEPUTY TREASURER E-MAIL ADDRESS
( ) —	

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SEEC FORM 1A

REGISTRATION BY CANDIDATE

CANDIDATE COMMITTEE REGISTRATION STATEMENT

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

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REGISTRATION TYPE

- [x] INITIAL
- [ ] AMENDED

COMMITTEE NAME

Lauretti Governor 2014

25. DEPOSITORY INSTITUTION NAME

Webster Bank

26. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
375 Bridgeport Avenue, Shelton, CT 06484			

27. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

Mark A Lauretti — CANDIDATE (SIGNATURE)

12/13/2013 — DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

Sheila O'Malley — TREASURER (SIGNATURE)

12/13/2013 — DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

DEPUTY TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

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SEEC FORM 1B

REGISTRATION BY CANDIDATE

CERTIFICATION OF EXEMPTION FROM FORMING A CANDIDATE COMMITTE

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

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REGISTRATION TYPE

☐ INITIAL

☐ AMENDED

CANDIDATE NAME

11. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE ***(check one)***

I hereby certify that I am exempt from forming a candidate committee because:

☐ **11a.** I am one of a slate of candidates whose campaigns are being funded solely by a town committee or a political committee formed for a single election or primary and expenditures made on my behalf will be reported by the committee sponsoring my candidacy. The name of this sponsoring committee is: _____

OR

☐ **11b.** I am funding my campaign entirely from my own personal funds and will not request or accept contributions from other individuals or committees and I understand that if I make expenditures exceeding $1,000 that I shall be responsible for filing financial disclosure statements according to the same schedule and in the same manner as required of treasurers of candidate committees.

OR

☐ **11c.** I do not intend to receive or expend funds in excess of $1,000.

OR

☐ **11d.** I do not intend to receive or expend any funds, including personal funds, for this campaign.

12. CERTIFICATION

I hereby certify and state, under penalties of false statement, that this statement of exemption from forming a candidate committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.

_____ _____

CANDIDATE (SIGNATURE) **DATE (mm/dd/yyyy)**

Not Applicable

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