1. ELECTION DATE

Nov 2014

2. OFFICE OR POSITION SOUGHT

State Treasurer

3. DISTRICT NUMBER (if applicable)


4. CANDIDATE NAME

Prefix

MI

Last

Suffix

Denise

L.

Nappier

5. CANDIDATE RESIDENCE ADDRESS

Street Address

Address

City

State

Zip Code

110 Westerly Ter

4 Sunnydale Rd

Hartford

CT

06105

6. CANDIDATE MAILING ADDRESS (if different)

Address

City

State

Zip Code

4 Sunnydale Rd

West Hartford

CT

06117

7. CANDIDATE TELEPHONE (Include Area Code)

(                     )                     —

( 860 ) 232 — 6195

8. CANDIDATE E-MAIL ADDRESS

DeniseNappier2014@gmail.com

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.
### CANDIDATE NAME

Denise L. Nappier

### 11. NAME OF COMMITTEE

Denise Nappier For State Treasurer 2014

### 12. COMMITTEE ADDRESS

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Sunnydale Rd</td>
<td>West Hartford</td>
<td>CT</td>
<td>06117</td>
</tr>
</tbody>
</table>

### 13. COMMITTEE E-MAIL ADDRESS

denisenappier2014@gmail.com

### 14. COMMITTEE WEB SITE ADDRESS


### 15. TREASURER NAME

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First</th>
<th>MI</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dianna</td>
<td>J.</td>
<td>Kulmacz</td>
</tr>
</tbody>
</table>

### 16. TREASURER RESIDENCE ADDRESS

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>134 Brault Hl</td>
<td>Higganum</td>
<td>CT</td>
<td>06441</td>
</tr>
</tbody>
</table>

### 17. TREASURER MAILING ADDRESS (if different)

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 2204</td>
<td>Middletown</td>
<td>CT</td>
<td>06457</td>
</tr>
</tbody>
</table>

### 18. TREASURER TELEPHONE (Include Area Code)

(860) 301 — 2492

### 19. TREASURER E-MAIL ADDRESS

PACS.CT@COMCAST.NET

### 20. DEPUTY TREASURER NAME

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First</th>
<th>MI</th>
<th>Last</th>
</tr>
</thead>
</table>

### 21. DEPUTY TREASURER RESIDENCE ADDRESS

| 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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## COMMITTEE NAME

Denise Nappier For State Treasurer 2014

## DEPOSITORY INSTITUTION NAME

Webster Bank

## DEPOSITORY INSTITUTION ADDRESS

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>185 Asylum Street, Hartford, CT 06103</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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.

Denise L. Nappier 12/13/2013

CANDIDATE (SIGNATURE) 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.

Dianna J. Kulmacz 12/18/2013

TREASURER (SIGNATURE) 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)

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.
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 receive contributions from other individuals or committees and I understand that if I make expenditures exceeding $1,000, 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.

☐ 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)

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