1. ELECTION DATE  
Nov 2014

2. OFFICE OR POSITION SOUGHT  
Lieutenant Governor

3. DISTRICT NUMBER (if applicable)

4. CANDIDATE NAME
 Prefix | First | MI | Last | Suffix  
--- | --- | --- | --- | ---  
 |  |  | Heather | Somers |

5. CANDIDATE RESIDENCE ADDRESS
 Street Address | Address  
--- | ---  
67 Ramsdell St |  

City | State | Zip Code  
--- | --- | ---  
Groton | CT | 06340

6. CANDIDATE MAILING ADDRESS (if different)
 Address

City | State | Zip Code  
--- | --- | ---  

7. CANDIDATE TELEPHONE (Include Area Code)
 (860) 375 — 4427

8. CANDIDATE E-MAIL ADDRESS
 Heather@Somers2014.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)

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
Heather Somers

### 11. NAME OF COMMITTEE
Somers 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>PO Box 314</td>
<td>Groton</td>
<td>CT</td>
<td>06340</td>
</tr>
</tbody>
</table>

### 13. COMMITTEE E-MAIL ADDRESS

### 14. COMMITTEE WEB SITE ADDRESS

### 15. TREASURER NAME
Prefix | First  | MI   | Last  | Suffix
---|--------|------|-------|-------
Constantine |  | G   | Antipas |  |

### 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>164 Payer Ln</td>
<td>Mystic</td>
<td>CT</td>
<td>06355</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>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### 18. TREASURER TELEPHONE (Include Area Code)
(860) 572 1176

### 19. TREASURER E-MAIL ADDRESS
cgantipas@gmail.com

### 20. DEPUTY TREASURER NAME
Prefix | First  | MI   | Last  | Suffix
---|--------|------|-------|-------
Victoria |  | M   | Rossman |  |

### 21. DEPUTY 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>74 Stonecrest Rd</td>
<td>Groton</td>
<td>CT</td>
<td>06340</td>
</tr>
</tbody>
</table>

### 22. DEPUTY 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>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### 23. DEPUTY TREASURER TELEPHONE
(860) 536 7630

### 24. DEPUTY TREASURER E-MAIL ADDRESS
vicki21@comcast.net

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COMMITTEE NAME

Somers 2014

25. DEPOSITORY INSTITUTION NAME

Chelsea Groton Bank

26. DEPOSITORY INSTITUTION ADDRESS

Address  City  State  Zip Code
904 Poquonnock Road, Groton, CT 06340

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.

Heather Somers  01/27/2014
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.

Constantine G Antipas  01/27/2014
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.

Victoria M Rossman  01/27/2014
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.
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.

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

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)

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.