State

Zip Code

### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



State

CT

	GENERAL COMME				
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)		2. MUNICIPALITY		
✓ Initial Amendment	Nov 2018		(If applicable)		
OFFICE OR POSITION SOUGHT				4. DISTRICT NUM	BER
State Representative				(If applicable) 149	
. PARTY AFFILIATION					
✓ Republican	_ Democratic	Other (Speci	(f;)		
. CANDIDATE NAME					
rst Name		MI	Last Name		Suffix
ivvy		R	Floren		
CANDIDATE RESIDENCE ADDRESS			8 CANDIDATE MAILING ADDRESS (16 different)		

Address

City

### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

5758

#### (Check one)

Greenwich

(Include Area Code)

203

Street Address

City

210 Round Hill Rd

9. CANDIDATE TELEPHONE

661

**A.** I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

10. CANDIDATE EMAIL ADDRESS

Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.

Zip Code

olivia@defcap.com

06831

✔ 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.

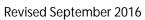
See Section 9-623(b), Connecticut General Statutes.

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**





REGISTRATION TYPE CANDIDATE NA	AME				
☐ Initial ☐ Amendment					
12. COMMITTEE NAME					
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & V	VEBSITE	E
Address			Email Address		
City	State	Zip Code	Website		
16. TREASURER NAME					
First Name		MI	Last Name		Suffix
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (grent)		
Street Address			Address	<b>\</b>	
City	State	Zip Code	City		Zip Code
19. TREASURER TELEPHONE	20. TRE	ASURER EM	MAIL ADDRESS		
(Include Area Code)					
21. DEPUTY TREASURER NAME					
First Name		MI	Last N		Suffix
22. DEPUTY TREASURER RESIDENCE ADDRESS 3. DF V. A TREASURER MAILING ADDRESS (If different)					
Street Address	0	X			
City	Stan	Zip Code	City	State	Zip Code
24. DEPUTY TREASUR EPHONE 25. D. AUTY TREASURER EMAIL ADDRESS					
(Include Area Code)					
26. DEPOSIA VY. TITUL IN NAME					
27. DEPOSIA RY IN STUTION ADDRESS					
Address			City	tate	Zip Code

**SEEC FORM 1A**Revised September 2016

REGISTRA	ATION TYPE	CANDIDATE NAME
☐ Initial	☐ Amendment	
28. CERTIF	ICATION	
Candidate		
comments this so or de	nittee registratio tatement include puty treasurer h	state, under penalties of false statement, that all of the designations set forth in this candidate on statement are true and accurate to the best of my knowledge and belief, and further, that es my certification to the fact that any individual designated herein to serve as my treasurer ave indicated to me their acceptance of my appointment of them to those sitions.
CAND	IDATE SIGNATURE	DATE (mp (**)kyyy)
candi electo requi limita I cert I cert jurisd under plea o	date to serve as or in the State of rements as contactions or restrict ify that I have p lifty that I have n liction, any (A) at Title 9 of the Cor the completion	n of any sentence who ever site is later, without a subsequent conviction of or plea to
I cert Comi	ify that I am not mission.	
Deputy Treasure	$\leftarrow$	
cand and a auton that I disclo	or tify d so we will be come am as elector in source requirement.	t, under penalties of false statement, that I have accepted my appointment by the candidate's designated deputy treasurer of this candidate committee, and I understand e event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall e responsible for discharging all of the duties required of the vacating treasurer. I certify in the State of Connecticut. I intend to comply with all the campaign finance registration and ents as contained in Chapter 155 through 157 of the General Statutes, and to abide by any ons or restrictions concerning campaign contributions and expenditures.
I cert	ify that I have p	aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisd under plea o	liction, any (A) Title 9 of the C	ot been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense General Statues, or that at least eight years have elapsed from the date of the conviction or n of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.
	ify that I am not reement Commi	otherwise barred from serving as a deputy treasurer by order of the State Elections ssion.
DEPUT	ΓΥ TREASURER SIGNA	TURE DATE (mm/dd/yyyy)



# **SEEC FORM 1B**

## STATE ELECTIONS ENFORCEMENT COMMISSION **Certification of Exemption From Forming**



a Candidate Committee Revised September 2016

CUT	STATE
ALCTICUT	
<i>\§</i> (2), 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	STATE ELLCHIONS
	5 EFC *\*
THE 12	
PCEME	ULA SUSTIMISS
· · · · · ·	7~com
CHI CHI PRANSTO	COMMISSO COMMISSO

REGISTRATION TYPE CANDIDATE NAME				
✓ Initial Amendment	Livvy R Floren			
12. REASON FOR EXEMP	TION FROM FORMING A CANDIDATE COMM	ITTEE		
I hereby cert	I hereby certify that I am exempt from forming a candidate committee because: (CHECK ONE)			
<b>A.</b> 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			
▶ B. 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 one thousand dollars (\$1,000) that I shall be responsible for filing financial disclosure statements (SEEC Form 23) according to the same schedule and in the same manner as required of treasurers of candidate committees.				
C. I do not inter	nd to receive or expend funds in excess	of one thousand dollars (\$1,000).		
OR				
<b>D.</b> I do not intend to receive or expend any funds, including personal funds, for this campaign.				
13. 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.				
Livvy R Floren		04/23/2018		
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)		