

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



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REGISTRATION TYPE		1. ELECTION DATE (mm/dd/yyyy)		2. MUNICIPALITY		
✓ Initial Amendment		Nov 2020		(If applicable)		
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER		
State Representative				(If applicable) 082		
5. PARTY AFFILIATION						
✓ Republican Democratic Other (Specify) _____						
6. CANDIDATE NAME						
First Name		MI	Last Name		Suffix	
Ernestine			Holloway			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)			
Street Address			Address			
300 Britannia St						
City		State	Zip Code	City	Zip Code	
Meriden		CT	06450			
9. CANDIDATE TELEPHONE			10. CANDIDATE EMAIL ADDRESS			
(Include Area Code)						
860 990 0113			makeway4holloway2020@gmail.com			
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

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REGISTRATION TYPE		CANDIDATE NAME			
✓ Initial Amendment		Ernestine Holloway			
12. COMMITTEE NAME					
Makeway4holloway2020					
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address 300 Britannia St # 72			Email Address makeway4holloway2020@gmail.com2gmai		
City Meriden		State CT	Zip Code 06450	Website	
16. TREASURER NAME					
First Name Qu-Nanda		MI Joy	Last Name Holloway		Suffix
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address 300 Britannia St			Address		
City Meriden		State CT	Zip Code 06450	City	State Zip Code
19. TREASURER TELEPHONE			20. TREASURER EMAIL ADDRESS		
(Include Area Code) 203 980 0089			treasurerqunanda2020@gmail.com		
21. DEPUTY TREASURER NAME					
First Name Timothy		MI J	Last Name Elgin		Suffix
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address 4 Robert Ln			Address		
City Westport		State CT	Zip Code 06880	City	State Zip Code
24. DEPUTY TREASURER TELEPHONE			25. DEPUTY TREASURER EMAIL ADDRESS		
(Include Area Code) 203 515 9540			ElginForConnecticut@gmail.com		
26. DEPOSITORY INSTITUTION NAME					
libertybank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address 852 E Main St, Meriden, CT 06450					

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SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee

Revised September 2016



REGISTRATION TYPE	CANDIDATE NAME
<input type="checkbox"/> Initial <input type="checkbox"/> Amendment	

12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE

I hereby certify that I am exempt from forming a candidate committee because (CHECK ONE)

A. 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.

OR

C. I do not intend to receive or expend funds in excess of one thousand dollars (\$1,000).

OR

D. 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.

CANDIDATE SIGNATURE

DATE (mm/dd/yyyy)