

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



Received by SEEC

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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) 107 | | |
| 5. PARTY AFFILIATION | | | | | | |
| Republican ✓ Democratic Other (Specify) _____ | | | | | | |
| 6. CANDIDATE NAME | | | | | | |
| First Name | | MI | Last Name | | Suffix | |
| Kerri | | L | Colombo | | | |
| 7. CANDIDATE RESIDENCE ADDRESS | | | 8. CANDIDATE MAILING ADDRESS (If different) | | | |
| Street Address | | | Address | | | |
| 29 Huckleberry Hill Rd | | | | | | |
| City | State | Zip Code | City | State | Zip Code | |
| Brookfield | CT | 06804 | | | | |
| 9. CANDIDATE TELEPHONE | | 10. CANDIDATE EMAIL ADDRESS | | | | |
| (Include Area Code) | | | | | | |
| 203 312 3137 | | colombo619@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

Revised September 2016



| | | | | | |
|---|------------------------------------|-----------------------|--|-------|----------|
| REGISTRATION TYPE | | CANDIDATE NAME | | | |
| <input checked="" type="checkbox"/> Initial | <input type="checkbox"/> Amendment | Kerri L Colombo | | | |
| 12. COMMITTEE NAME | | | | | |
| Kerri for Connecticut | | | | | |
| 13. COMMITTEE ADDRESS | | | 14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE | | |
| Address PO Box 211 | | | Email Address info@kerriforct.com | | |
| City Brookfield | State CT | Zip Code 06804 | Website www.kerriforct.com | | |
| 16. TREASURER NAME | | | | | |
| First Name Christine | | MI M | Last Name Hand | | Suffix |
| 17. TREASURER RESIDENCE ADDRESS | | | 18. TREASURER MAILING ADDRESS (If different) | | |
| Street Address 7 Dairy Farm Dr | | | Address | | |
| City Brookfield | State CT | Zip Code 06804 | City | State | Zip Code |
| 19. TREASURER TELEPHONE | | | 20. TREASURER EMAIL ADDRESS | | |
| (Include Area Code) 203 858 3825 | | | cmh314@hotmail.com | | |
| 21. DEPUTY TREASURER NAME | | | | | |
| First Name | | MI | Last Name | | Suffix |
| 22. DEPUTY TREASURER RESIDENCE ADDRESS | | | 23. DEPUTY TREASURER MAILING ADDRESS (If different) | | |
| Street Address | | | Address | | |
| City | State | Zip Code | City | State | Zip Code |
| 24. DEPUTY TREASURER TELEPHONE | | | 25. DEPUTY TREASURER EMAIL ADDRESS | | |
| (Include Area Code) | | | | | |
| 26. DEPOSITORY INSTITUTION NAME | | | | | |
| Union Savings Bank | | | | | |
| 27. DEPOSITORY INSTITUTION ADDRESS | | | | | |
| Address 828 Federal Road Brookfield, CT | | | | | |

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SEEC FORM 1B

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

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| 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)