

# SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



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|   |       |                                      |  |                           |          |  |
|---|-------|--------------------------------------|--|---------------------------|----------|--|
| <b>REGISTRATION TYPE</b>  |       | <b>1. ELECTION DATE</b> (mm/dd/yyyy) |  | <b>2. MUNICIPALITY</b>    |          |  |
| Initial <input checked="" type="checkbox"/>   Amendment   |       | Nov 5, 2024                          |  | (If applicable)           |          |  |
| <b>3. OFFICE OR POSITION SOUGHT</b>   |       |                                      |  | <b>4. DISTRICT NUMBER</b> |          |  |
| State Representative  |       |                                      |  | (If applicable)<br>141    |          |  |
| <b>5. PARTY AFFILIATION</b>   |       |                                      |  |                           |          |  |
| Republican <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Other (Specify) _____  |       |                                      |  |                           |          |  |
| <b>6. CANDIDATE NAME</b>  |       |                                      |  |                           |          |  |
| First Name  |       | MI                                   | Last Name  |                           | Suffix   |  |
| Sheila  |       | S                                    | Quinn  |                           |          |  |
| <b>7. CANDIDATE RESIDENCE ADDRESS</b>   |       |                                      | <b>8. CANDIDATE MAILING ADDRESS</b> (If different) |                           |          |  |
| Street Address  |       |                                      | Address  |                           |          |  |
| 51 Camp Ave   |       |                                      |  |                           |          |  |
| City  | State | Zip Code                             | City   | State                     | Zip Code |  |
| Darien  | CT    | 06820                                |  |                           |          |  |
| <b>9. CANDIDATE TELEPHONE</b>   |       | <b>10. CANDIDATE EMAIL ADDRESS</b>   |  |                           |          |  |
| (Include Area Code)   |       |                                      |  |                           |          |  |
| 917 541 1802  |       | sheila.pistone@gmail.com             |  |                           |          |  |
| <b>11. DESIGNATION OF CAMPAIGN FUNDING SOURCE</b>   |       |                                      |  |                           |          |  |
| <b>(Check one)</b>  |       |                                      |  |                           |          |  |
| <input checked="" type="checkbox"/> <b>A.</b> I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.  |       |                                      |  |                           |          |  |
| Go to <b>Form 1A</b> and complete <b>pages 2 and 3</b> — Candidate Registration Statement.  |       |                                      |  |                           |          |  |
| <input type="checkbox"/> <b>B.</b> I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.  |       |                                      |  |                           |          |  |
| Go to <b>Form 1B</b> and complete <b>page 4</b> — Certification of Exemption from Forming a Candidate Committee.  |       |                                      |  |                           |          |  |
| <b>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.</b> |       |                                      |  |                           |          |  |
| 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



|   |  |   |  |         |                   |
|---|--|---|--|---------|-------------------|
| <b>REGISTRATION TYPE</b>                                |  | <b>CANDIDATE NAME</b>                     |  |         |                   |
| Initial <input checked="" type="checkbox"/>   Amendment |  | Sheila S Quinn                            |  |         |                   |
| <b>12. COMMITTEE NAME</b>                               |  |   |  |         |                   |
| Quinn for CT  |  |   |  |         |                   |
| <b>13. COMMITTEE ADDRESS</b>                            |  |   | <b>14. &amp; 15. COMMITTEE EMAIL ADDRESS &amp; WEBSITE</b> |         |                   |
| Address<br>51 Camp Ave                                  |  |   | Email Address<br>sheila.pistone@gmail.com                  |         |                   |
| City<br>Darien  |  | State<br>CT                               | Zip Code<br>06820  | Website |                   |
| <b>16. TREASURER NAME</b>                               |  |   |  |         |                   |
| First Name<br>Filippo                                   |  | MI  | Last Name<br>Pistone                                       |         | Suffix            |
| <b>17. TREASURER RESIDENCE ADDRESS</b>                  |  |   | <b>18. TREASURER MAILING ADDRESS (If different)</b>        |         |                   |
| Street Address<br>51 Camp Ave                           |  |   | Address  |         |                   |
| City<br>Darien  |  | State<br>CT                               | Zip Code<br>06820  | City    | State<br>Zip Code |
| <b>19. TREASURER TELEPHONE</b>                          |  | <b>20. TREASURER EMAIL ADDRESS</b>        |  |         |                   |
| (Include Area Code)<br>646 207 0115                     |  | fpistone1@gmail.com                       |  |         |                   |
| <b>21. DEPUTY TREASURER NAME</b>                        |  |   |  |         |                   |
| First Name  |  | MI  | Last Name  |         | Suffix            |
| <b>22. DEPUTY TREASURER RESIDENCE ADDRESS</b>           |  |   | <b>23. DEPUTY TREASURER MAILING ADDRESS (If different)</b> |         |                   |
| Street Address  |  |   | Address  |         |                   |
| City  |  | State                                     | Zip Code   | City    | State<br>Zip Code |
| <b>24. DEPUTY TREASURER TELEPHONE</b>                   |  | <b>25. DEPUTY TREASURER EMAIL ADDRESS</b> |  |         |                   |
| (Include Area Code)                                     |  |   |  |         |                   |
| <b>26. DEPOSITORY INSTITUTION NAME</b>                  |  |   |  |         |                   |
| First County Bank                                       |  |   |  |         |                   |
| <b>27. DEPOSITORY INSTITUTION ADDRESS</b>               |  |   |  |         |                   |
| Address<br>1110 Hope Street, Stamford Ct 06907          |  |   |  |         |                   |



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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)