

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



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Page 1 of 4

REGISTRATION TYPE		1. ELECTION DATE (mm/dd/yyyy)		2. MUNICIPALITY		
Initial <input checked="" type="checkbox"/> Amendment		Nov 5, 2024		(If applicable)		
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER		
State Representative				(If applicable) 094		
5. PARTY AFFILIATION						
Republican <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Other (Specify) _____						
6. CANDIDATE NAME						
First Name		MI	Last Name		Suffix	
Tarolyn			Moore			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)			
Street Address			Address			
170 Starr St						
City		State	Zip Code	City	Zip Code	
New Haven		CT	06511			
9. CANDIDATE TELEPHONE			10. CANDIDATE EMAIL ADDRESS			
(Include Area Code)						
203 214 8807			MooreTarolyn@gmail.com			
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE						
(Check one)						
<input checked="" type="checkbox"/> 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.						
<input type="checkbox"/> 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			
Initial	<input checked="" type="checkbox"/> Amendment	Tarolyn Moore			
12. COMMITTEE NAME					
Tarolyn Moore 2024					
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address 170 Starr St			Email Address mooretarolyn@gmail.com		
City New Haven		State CT	Zip Code 06511	Website	
16. TREASURER NAME					
First Name Annette		MI	Last Name Powell-Moore		Suffix
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address 247 Clintonville Rd			Address		
City North Haven		State CT	Zip Code 06473	City	State Zip Code
19. TREASURER TELEPHONE		20. TREASURER EMAIL ADDRESS			
(Include Area Code) 203 928 7217		amoorep@aol.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					
Webster Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address 70 Washington Avenue, North Haven CT 06473					

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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)