

SEEC FORM 1

REGISTRATION BY CANDIDATE

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 3/07

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Official Use Only

REGISTRATION TYPE

- INITIAL
 AMENDED

1. ELECTION DATE (mm/dd/yyyy) Nov 2010		2. OFFICE OR POSITION SOUGHT State Representative		3. DISTRICT NUMBER (if applicable) 092	
4. CANDIDATE NAME					
Prefix	First Patricia	MI A.	Last Dillon	Suffix	
5. CANDIDATE RESIDENCE ADDRESS			6. CANDIDATE MAILING ADDRESS (if different)		
Street Address 68 W Rock Ave			Address		
City New Haven	State CT	Zip Code 06515	City	State	Zip Code
7. CANDIDATE TELEPHONE (Include Area Code)			8. CANDIDATE E-MAIL ADDRESS		
(203) 387 — 6159			dillonfriends@yahoo.com		
9. PARTY AFFILIATION					
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other_					
10. DESIGNATION OF CAMPAIGN FUNDING SOURCE (check one)					

- 10a.** I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.
(Go to Form 1A and complete Candidate Registration Statement)
- 10b.** 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 Certification of Exemption)

Important Notice: Failure of a candidate to complete this page *together with* either Form 1A, "Registration of Candidate Committee", or Form 1B "Certification of 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.

Notice: 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

REGISTRATION BY CANDIDATE

CANDIDATE COMMITTEE REGISTRATION STATEMENT
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
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CANDIDATE NAME					
Patricia A. Dillon					
11. NAME OF COMMITTEE					
Friends Of Pat Dillon 2010					
12. COMMITTEE ADDRESS					
Address 68 W Rock Ave		City New Haven		State CT	Zip Code 06515
13. COMMITTEE E-MAIL ADDRESS			14. COMMITTEE WEB SITE ADDRESS		
dillonfriends@yahoo.com					
15. TREASURER NAME					
Prefix	First Cinda	MI	Last Cash	Suffix	
16. TREASURER RESIDENCE ADDRESS			17. TREASURER MAILING ADDRESS (if different)		
Street Address 33 Buena Vista Rd			Address		
City Branford	State CT	Zip Code 06405	City	State	Zip Code
18. TREASURER TELEPHONE (Include Area Code)			19. TREASURER E-MAIL ADDRESS		
(203) 980 — 0241			ccashwalsh@aol.com		
20. DEPUTY TREASURER NAME					
Prefix	First Peter	MI D.	Last Stolzman	Suffix	
21. DEPUTY TREASURER RESIDENCE ADDRESS			22. DEPUTY TREASURER MAILING ADDRESS (if different)		
Street Address 20 Peddlars Dr			Address		
City Branford	State CT	Zip Code 06405	City	State	Zip Code
23. DEPUTY TREASURER TELEPHONE			24. DEPUTY TREASURER E-MAIL ADDRESS		
(203) 483 — 9543			stolzmans@juno.com		

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SEEC FORM 1B

REGISTRATION BY CANDIDATE

CERTIFICATION OF EXEMPTION FROM FORMING A

CANDIDATE COMMITTEE

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

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CANDIDATE NAME

11. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE (check one)

I hereby certify that I am exempt from forming a candidate committee because:

11a. 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

11b. I am funding my campaign entirely from my own personal funds and will not request or accept contributions from other individuals or committees and I understand that if I make expenditures exceeding \$1,000 that I shall be responsible for filing financial disclosure statements according to the same schedule and in the same manner as required of treasurers of candidate committees.

OR

11c. I do not intend to receive or expend funds in excess of \$1,000.

11d. I do not intend to receive or expend any funds, including personal funds, for this campaign.

12. 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)

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