

# SEEC FORM 1

## REGISTRATION BY CANDIDATE

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 3/07

Page 1 of 4



Do Not Mark in This Space For  
Official Use Only

### REGISTRATION TYPE

- INITIAL  
 AMENDED

<b>1. ELECTION DATE</b> (mm/dd/yyyy) Nov 2010		<b>2. OFFICE OR POSITION SOUGHT</b> State Representative		<b>3. DISTRICT NUMBER (if applicable)</b> 015	
<b>4. CANDIDATE NAME</b>					
Prefix	First James	MI	Last Michel	Suffix	
<b>5. CANDIDATE RESIDENCE ADDRESS</b>			<b>6. CANDIDATE MAILING ADDRESS (if different)</b>		
Street Address 127 Duncaster Rd			Address		
City Bloomfield	State CT	Zip Code 06002	City	State	Zip Code
<b>7. CANDIDATE TELEPHONE (Include Area Code)</b> ( 860 ) 306 — 5609			<b>8. CANDIDATE E-MAIL ADDRESS</b> Jmichel@centralcth.com		
<b>9. PARTY AFFILIATION</b>					
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other_					
<b>10. DESIGNATION OF CAMPAIGN FUNDING SOURCE (check one)</b>					

- 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  
Rev. 3/07 Page 2 of 4



Do Not Mark in This Space For  
Official Use Only

### REGISTRATION TYPE

- INITIAL  
 AMENDED

<b>CANDIDATE NAME</b>					
James Michel					
<b>11. NAME OF COMMITTEE</b>					
Michel For State Representative					
<b>12. COMMITTEE ADDRESS</b>					
Address PO Box 7561		City Bloomfield		State CT	Zip Code 06002
<b>13. COMMITTEE E-MAIL ADDRESS</b>			<b>14. COMMITTEE WEB SITE ADDRESS</b>		
<b>15. TREASURER NAME</b>					
Prefix	First Myron		MI	Last Stewart	Suffix
<b>16. TREASURER RESIDENCE ADDRESS</b>			<b>17. TREASURER MAILING ADDRESS (if different)</b>		
Street Address 23 Spice Bush Ln			Address		
City Bloomfield	State CT	Zip Code 06002	City	State	Zip Code
<b>18. TREASURER TELEPHONE (Include Area Code)</b>			<b>19. TREASURER E-MAIL ADDRESS</b>		
( 860 ) 604 — 4356			mstewart@centralct.com		
<b>20. DEPUTY TREASURER NAME</b>					
Prefix	First		MI	Last	Suffix
<b>21. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>22. DEPUTY TREASURER MAILING ADDRESS (if different)</b>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>23. DEPUTY TREASURER TELEPHONE</b>			<b>24. DEPUTY TREASURER E-MAIL ADDRESS</b>		
( ) —					

**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 1B**

**REGISTRATION BY CANDIDATE**

**CERTIFICATION OF EXEMPTION FROM FORMING A**

**CANDIDATE COMMITTEE**

**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**

Rev. 3/07 Page 4 of 4



Do Not Mark in This Space For  
Official Use Only

**REGISTRATION TYPE**  
 INITIAL  
 AMENDED

**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)

**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.*