

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) 144 | |
| 4. CANDIDATE NAME | | | | | |
| Prefix | First Michael | MI L | Last Molgano | Suffix | |
| 5. CANDIDATE RESIDENCE ADDRESS | | | 6. CANDIDATE MAILING ADDRESS (if different) | | |
| Street Address 10 Hazelwood Ln | | | Address | | |
| City Stamford | State CT | Zip Code 06905 | City | State | Zip Code |
| 7. CANDIDATE TELEPHONE (Include Area Code) (203) 461 — 8551 | | | 8. CANDIDATE E-MAIL ADDRESS amlmdby@optonline.net | | |
| 9. PARTY AFFILIATION | | | | | |
| <input checked="" type="checkbox"/> Republican <input 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 | | | | | |
| Michael L Molgano | | | | | |
| 11. NAME OF COMMITTEE | | | | | |
| Molgano 2010 | | | | | |
| 12. COMMITTEE ADDRESS | | | | | |
| Address 10 Hazelwood Ln | | City Stamford | | State CT | Zip Code 06905 |
| 13. COMMITTEE E-MAIL ADDRESS | | | 14. COMMITTEE WEB SITE ADDRESS | | |
| amlmdby@optonline.net | | | | | |
| 15. TREASURER NAME | | | | | |
| Prefix Atty | First Francis | | MI J. | Last Browne | Suffix |
| 16. TREASURER RESIDENCE ADDRESS | | | 17. TREASURER MAILING ADDRESS (if different) | | |
| Street Address 59 Arnold Dr | | | Address 1700 Bedford St Ste 204 | | |
| City Stamford | State CT | Zip Code 06905 | City Stamford | State CT | Zip Code 06905 |
| 18. TREASURER TELEPHONE (Include Area Code) | | | 19. TREASURER E-MAIL ADDRESS | | |
| (203) 967 — 9995 | | | fjbrowne@hotmail.com | | |
| 20. DEPUTY TREASURER NAME | | | | | |
| Prefix | First | | MI | Last | Suffix |
| 21. DEPUTY TREASURER RESIDENCE ADDRESS | | | 22. DEPUTY TREASURER MAILING ADDRESS (if different) | | |
| Street Address | | | Address | | |
| City | State | Zip Code | City | State | Zip Code |
| 23. DEPUTY TREASURER TELEPHONE | | | 24. DEPUTY TREASURER E-MAIL ADDRESS | | |
| () — | | | | | |

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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)

Not Applicable

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