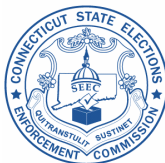


SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised January 2014



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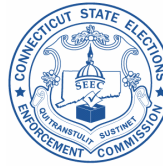
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)	2. OFFICE OR POSITION SOUGHT	3. DISTRICT NUMBER (If applicable)
☒ Initial ☐ Amendment	Nov 2014	Judge of Probate	034
4. PARTY AFFILIATION			
☒ Republican ☐ Democratic ☐ Other (Specify) _____			
5. CANDIDATE NAME			
First Name Gail	MI S	Last Name Kotowski	Suffix
6. CANDIDATE RESIDENCE ADDRESS		7. CANDIDATE MAILING ADDRESS (If different)	
Street Address 181 Lakeside Dr		Address	
City Guilford	State CT	Zip Code 06437	City State Zip Code
8. CANDIDATE TELEPHONE		9. CANDIDATE EMAIL ADDRESS	
(Include Area Code) 203 453 6030		atty.kotowski@cshore.com	
10. DESIGNATION OF CAMPAIGN FUNDING SOURCE			
(Check one)			
☒ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement. <i>Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.</i>			
☐ B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee. <i>Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.</i>			
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.			
<i>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.</i>			

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement

Revised January 2014



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REGISTRATION TYPE		CANDIDATE NAME			
☒ Initial	☐ Amendment	Gail S Kotowski			
11. COMMITTEE NAME					
Gail S. Kotowski For Judge Of Probate					
12. COMMITTEE ADDRESS			13. & 14. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address PO Box 37			Email Address		
City Guilford	State CT	Zip Code 06437	Website		
15. TREASURER NAME					
First Name Cyndi		MI B	Last Name Preble		Suffix
16. TREASURER RESIDENCE ADDRESS			17. TREASURER MAILING ADDRESS (If different)		
Street Address 68 White Birch Dr			Address		
City Guilford	State CT	Zip Code 06437	City	State	Zip Code
18. TREASURER TELEPHONE		19. TREASURER EMAIL ADDRESS			
(Include Area Code) 203 453 3316		cpreble@aol.com			
20. DEPUTY TREASURER NAME					
First Name		MI	Last Name		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 EMAIL ADDRESS			
(Include Area Code)					
25. DEPOSITORY INSTITUTION NAME					
Guilford Savings Bank					
26. DEPOSITORY INSTITUTION ADDRESS					
Address One Park Street, Guilford, CT 06437					

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STATE ELECTIONS ENFORCEMENT COMMISSION
Certification of Exemption From Forming a
Candidate Committee