

# SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



|  |                                      |                               |
|--|--------------------------------------|-------------------------------|
| <b>REGISTRATION TYPE</b>   | <b>1. ELECTION DATE</b> (mm/dd/yyyy) | <b>2. MUNICIPALITY</b>        |
| <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment | Nov 2017                             | (If applicable)<br>Stonington |

|                                     |                           |
|-------------------------------------|---------------------------|
| <b>3. OFFICE OR POSITION SOUGHT</b> | <b>4. DISTRICT NUMBER</b> |
| Board of Finance                    | (If applicable)           |

|   |
|---|
| <b>5. PARTY AFFILIATION</b>   |
| <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic    Other (Specify) _____ |

|                          |    |           |        |
|--------------------------|----|-----------|--------|
| <b>6. CANDIDATE NAME</b> |    |           |        |
| First Name               | MI | Last Name | Suffix |
| Lynn                     | P. | Young     |        |

|                                       |       |          |  |       |          |
|---------------------------------------|-------|----------|--|-------|----------|
| <b>7. CANDIDATE RESIDENCE ADDRESS</b> |       |          | <b>8. CANDIDATE MAILING ADDRESS</b> (If different) |       |          |
| Street Address                        |       |          | Address  |       |          |
| PO Box 842                            |       |          | 164 Wamphassuc Rd                                  |       |          |
| City                                  | State | Zip Code | City   | State | Zip Code |
| Stonington                            | CT    | 06378    | Stonington   | CT    | 06378    |

|                               |                                    |
|-------------------------------|------------------------------------|
| <b>9. CANDIDATE TELEPHONE</b> | <b>10. CANDIDATE EMAIL ADDRESS</b> |
| (Include Area Code)           |                                    |
| 860      984      5309        | lpyoung@mac.com                    |

|  |
|--|
| <b>11. DESIGNATION OF CAMPAIGN FUNDING SOURCE</b>  |
| (Check one)  |
| <input type="checkbox"/> <b>A.</b> I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.<br><br><i>Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.</i>   |
| <input checked="" type="checkbox"/> <b>B.</b> I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.<br><br><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.**

*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



|   |  |                       |  |         |                   |
|---|--|-----------------------|--|---------|-------------------|
| <b>REGISTRATION TYPE</b>  |  | <b>CANDIDATE NAME</b> |  |         |                   |
| <input type="checkbox"/> Initial <input type="checkbox"/> Amendment |  |                       |  |         |                   |
| <b>12. COMMITTEE NAME</b>   |  |                       |  |         |                   |
|   |  |                       |  |         |                   |
| <b>13. COMMITTEE ADDRESS</b>  |  |                       | <b>14. &amp; 15. COMMITTEE EMAIL ADDRESS &amp; WEBSITE</b> |         |                   |
| Address   |  |                       | Email Address  |         |                   |
| City  |  | State                 | Zip Code   | Website |                   |
| <b>16. TREASURER NAME</b>   |  |                       |  |         |                   |
| First Name  |  | MI                    | Last Name  |         | Suffix            |
| <b>17. TREASURER RESIDENCE ADDRESS</b>                              |  |                       | <b>18. TREASURER MAILING ADDRESS (if different)</b>        |         |                   |
| Street Address  |  |                       | Address  |         |                   |
| City  |  | State                 | Zip Code   | City    | Zip Code          |
| <b>19. TREASURER TELEPHONE</b>                                      |  |                       | <b>20. TREASURER EMAIL ADDRESS</b>                         |         |                   |
| (Include Area Code)   |  |                       |  |         |                   |
| <b>21. DEPUTY TREASURER NAME</b>                                    |  |                       |  |         |                   |
| First Name  |  | MI                    | Last Name  |         | Suffix            |
| <b>22. DEPUTY TREASURER RESIDENCE ADDRESS</b>                       |  |                       | <b>23. DEPUTY TREASURER MAILING ADDRESS (if different)</b> |         |                   |
| Street Address  |  |                       | Address  |         |                   |
| City  |  | State                 | Zip Code   | City    | State    Zip Code |
| <b>24. DEPUTY TREASURER TELEPHONE</b>                               |  |                       | <b>25. DEPUTY TREASURER EMAIL ADDRESS</b>                  |         |                   |
| (Include Area Code)   |  |                       |  |         |                   |
| <b>26. DEPOSITORY INSTITUTION NAME</b>                              |  |                       |  |         |                   |
|   |  |                       |  |         |                   |
| <b>27. DEPOSITORY INSTITUTION ADDRESS</b>                           |  |                       |  |         |                   |
| Address   |  |                       | City   |         | State    Zip Code |

**NOT APPLICABLE**



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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 checked="" type="checkbox"/> Initial   <input type="checkbox"/> Amendment | Lynn P. Young  |

### 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:

Stonington Republican Town Committee

*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.

Lynn P. Young

CANDIDATE SIGNATURE

07/27/2017

DATE (mm/dd/yyyy)