

# SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



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|                                                                                                                                                                                                                                                                                                                                                                   |  |                                      |                                    |                                                    |                           |        |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|------------------------------------|----------------------------------------------------|---------------------------|--------|----------|
| <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>Killingworth                    |                           |        |          |
| <b>3. OFFICE OR POSITION SOUGHT</b>                                                                                                                                                                                                                                                                                                                               |  |                                      |                                    |                                                    | <b>4. DISTRICT NUMBER</b> |        |          |
| Planning & Zoning Commission                                                                                                                                                                                                                                                                                                                                      |  |                                      |                                    |                                                    | (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 |          |
| Brice                                                                                                                                                                                                                                                                                                                                                             |  |                                      | McLaughlin                         |                                                    |                           |        |          |
| <b>7. CANDIDATE RESIDENCE ADDRESS</b>                                                                                                                                                                                                                                                                                                                             |  |                                      |                                    | <b>8. CANDIDATE MAILING ADDRESS</b> (If different) |                           |        |          |
| Street Address                                                                                                                                                                                                                                                                                                                                                    |  |                                      |                                    | Address                                            |                           |        |          |
| 54 Cow Hill Rd                                                                                                                                                                                                                                                                                                                                                    |  |                                      |                                    |                                                    |                           |        |          |
| City                                                                                                                                                                                                                                                                                                                                                              |  | State                                | Zip Code                           | City                                               |                           | State  | Zip Code |
| Killingworth                                                                                                                                                                                                                                                                                                                                                      |  | CT                                   | 06419                              |                                                    |                           |        |          |
| <b>9. CANDIDATE TELEPHONE</b>                                                                                                                                                                                                                                                                                                                                     |  |                                      | <b>10. CANDIDATE EMAIL ADDRESS</b> |                                                    |                           |        |          |
| (Include Area Code)                                                                                                                                                                                                                                                                                                                                               |  |                                      |                                    |                                                    |                           |        |          |
| 860      663      3794                                                                                                                                                                                                                                                                                                                                            |  |                                      | bricemclaughlin@me.com             |                                                    |                           |        |          |
| <b>11. DESIGNATION OF CAMPAIGN FUNDING SOURCE</b>                                                                                                                                                                                                                                                                                                                 |  |                                      |                                    |                                                    |                           |        |          |
| <b>(Check one)</b>                                                                                                                                                                                                                                                                                                                                                |  |                                      |                                    |                                                    |                           |        |          |
| <b>A.</b> I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.                                                                                                                                                                                                                                              |  |                                      |                                    |                                                    |                           |        |          |
| Go to <b>Form 1A</b> and complete <b>pages 2 and 3</b> — Candidate Registration Statement.                                                                                                                                                                                                                                                                        |  |                                      |                                    |                                                    |                           |        |          |
| <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.                                                                                                                                                                                     |  |                                      |                                    |                                                    |                           |        |          |
| Go to <b>Form 1B</b> and complete <b>page 4</b> — Certification of Exemption from Forming a Candidate Committee.                                                                                                                                                                                                                                                  |  |                                      |                                    |                                                    |                           |        |          |
| <b>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.</b> |  |                                      |                                    |                                                    |                           |        |          |
| 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



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|                                                                     |  |                                           |                                                            |          |                   |
|---------------------------------------------------------------------|--|-------------------------------------------|------------------------------------------------------------|----------|-------------------|
| <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 |

| REGISTRATION TYPE                                                   | CANDIDATE NAME |
|---------------------------------------------------------------------|----------------|
| <input type="checkbox"/> Initial <input type="checkbox"/> Amendment |                |

**28. CERTIFICATION**

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

\_\_\_\_\_

CANDIDATE SIGNATURE

\_\_\_\_\_

DATE (mm/dd/yyyy)

Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.

\_\_\_\_\_

TREASURER SIGNATURE

\_\_\_\_\_

DATE (mm/dd/yyyy)

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

\_\_\_\_\_

DEPUTY TREASURER SIGNATURE

\_\_\_\_\_

DATE (mm/dd/yyyy)

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# SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION  
**Certification of Exemption From Forming  
a Candidate Committee**  
Revised September 2016



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| REGISTRATION TYPE                                                                   | CANDIDATE NAME   |
|-------------------------------------------------------------------------------------|------------------|
| <input checked="" type="checkbox"/> Initial      <input type="checkbox"/> Amendment | Brice McLaughlin |

## 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:

Killingworth 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.

Brice McLaughlin

CANDIDATE SIGNATURE

07/20/2017

DATE (mm/dd/yyyy)