

SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

Exploratory Committee Registration

Revised September 2016



Page 1 of 4

REGISTRATION TYPE		1. COMMITTEE NAME			
☒ Initial ☐ Amendment		Chapman for CT			
2. SUBTYPE OF EXPLORATORY COMMITTEE <i>(Office(s) being considered—Check one box)</i>					
☐ A. Offices Include Statewide Office & General Assembly Including State Representative ☐ Yes ☐ No Including State Treasurer ☐ Yes ☐ No					
☒ B. Offices Include Statewide Offices Only Including State Treasurer ☐ Yes ☒ No					
☐ C. Offices Include General Assembly Only Including State Representative ☐ Yes ☐ No					
☐ D. Municipal & Other Offices excluding those in Box A, B and C. _____ <i>(Name of municipality—if applicable)</i>					
3. PARTY AFFILIATION					4. ELECTION DATE <i>(mm/dd/yyyy)</i>
☒ Republican ☐ Democrat ☐ Other <i>(Specify)</i> _____					Nov 2018
5. COMMITTEE ADDRESS				6. COMMITTEE EMAIL & WEBSITE	
Address PO Box 8186				Email Address chapmanforct@gmail.com	
City New Fairfield		State CT	Zip Code 06812	Website chapmanforct.com	
7. CANDIDATE NAME					
First Name Susan		MI	Last Name Chapman		Suffix
8. CANDIDATE RESIDENCE ADDRESS				9. CANDIDATE MAILING ADDRESS <i>(If different)</i>	
Street Address 6 Old Bridge Rd W				Address PO Box 8186	
City New Fairfield		State CT	Zip Code 06812	City New Fairfield	State CT
				Zip Code 06812	
10. CANDIDATE TELEPHONE			11. CANDIDATE EMAIL ADDRESS		
<i>(Include Area Code)</i> 860 740 2077			Susan@ChapmanforCT.com		

SEEC FORM 4

Revised September 2016

Page 2 of 4

REGISTRATION TYPE		COMMITTEE NAME			
☒ Initial ☐ Amendment		Chapman for CT			
12. TREASURER NAME					
First Name		MI	Last Name		Suffix
Daniel		R	McDermott		
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
2A Alpine Rd					
City	State	Zip Code	City	State	Zip Code
New Fairfield	CT	06812			
15. TREASURER TELEPHONE		16. TREASURER EMAIL ADDRESS			
<i>(Include Area Code)</i>		danmcd77@yahoo.com			
203 948 6878					
17. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
20. DEPUTY TREASURER TELEPHONE		21. DEPUTY TREASURER EMAIL ADDRESS			
<i>(Include Area Code)</i>					
22. DEPOSITORY INSTITUTION NAME					
Union Savings Bank					
23. DEPOSITORY INSTITUTION ADDRESS					
Address					
24 Route 39, New Fairfield, CT 06812					

SEEC FORM 4

Revised September 2016

Page 3 of 4

REGISTRATION TYPE	COMMITTEE NAME
☒ Initial ☐ Amendment	Chapman for CT

24. CERTIFICATION

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this exploratory 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 such position.

Susan Chapman

11/19/2017

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 exploratory 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.

Daniel R McDermott

11/19/2017

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

SEEC FORM 4

Revised September 2016

Page 4 of 4

REGISTRATION TYPE	COMMITTEE NAME
☒ Initial ☐ Amendment	Chapman for CT

24. CERTIFICATION *continued*

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 exploratory 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 to discharge 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)

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.