

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



RECEIVED FOR RECORD
SUSAN M. PAWLUK
2019 JUN -4 AM 8:42
STRATFORD TOWN CLERK

REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)	2. MUNICI (If applicable)
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment	11/05/2019	Stratford



File #: 2019-12
06/04/2019 08:42 AM

ELECTION FILINGS

3. OFFICE OR POSITION SOUGHT

Susan M. Pawluk, Town Clerk

Council

(If applicable)

10

5. PARTY AFFILIATION

Republican Democratic Other (Specify) _____

6. CANDIDATE NAME

First Name	MI	Last Name	Suffix
Laura	J	Dancho	

7. CANDIDATE RESIDENCE ADDRESS

Street Address	8. CANDIDATE MAILING ADDRESS (If different)		
30 Ruby Lane	Address		
City	State	Zip Code	City
Stratford	CT	06614	
			State
			Zip Code

9. CANDIDATE TELEPHONE

(203) 381-9912	10. CANDIDATE EMAIL ADDRESS
(Include Area Code)	ldancho717@gmail.com

11. 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.

Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.

B. 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 page 4 — Certification of Exemption from Forming a Candidate Committee.

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



REGISTRATION TYPE		CANDIDATE NAME					
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment		Laura Dancho					
12. COMMITTEE NAME		Dancho for Council					
13. COMMITTEE ADDRESS						14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE	
Address 30 Ruby Lane		State CT		Zip Code 06614		Email Address ldancho717@gmail.com	
City Stratford		State CT		Zip Code 06614		Website	
16. TREASURER NAME							
First Name Paul		MI		Last Name Hoydick		Suffix	
17. TREASURER RESIDENCE ADDRESS				18. TREASURER MAILING ADDRESS (if different)			
Street Address 55 Castle Drive				Address			
City Stratford		State CT		Zip Code 06614		State Zip Code	
19. TREASURER TELEPHONE		20. TREASURER EMAIL ADDRESS					
(Include Area Code) (203) 378-9476		phstfd@aol.com					
21. DEPUTY TREASURER NAME							
First Name		MI		Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS				23. DEPUTY TREASURER MAILING ADDRESS (if different)			
Street Address				Address			
City		State		Zip Code		City	
State		Zip Code		City		State	
24. DEPUTY TREASURER TELEPHONE		25. DEPUTY TREASURER EMAIL ADDRESS					
(Include Area Code)							
26. DEPOSITORY INSTITUTION NAME							
The Milford Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address 3651 Main Street				City Stratford		State CT	
				Zip Code 06614		State Zip Code	
				CT		06614	

REGISTRATION TYPE	CANDIDATE NAME
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment	Laura Dancho

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

06/01/2019

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 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

06/01/2019

DATE (mm/dd/yyyy)

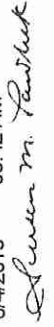
Deputy Treasurer

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 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.

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Stratford Town Clerk

ELECTION FILINGS
File # 2019-12

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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