# **SEEC FORM 1**

STATE ELECTIONS ENFORCEMENT COMMISSION

## **Registration by Candidate**

Revised September 2016



REGISTRATION TYPE   1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY					
✓ Initial Amendmen	Nov 2016			(If applicable)				
<b>3. OFFICE OR POSITION</b>	SOUGHT				4. DISTRICT NUMBER			
					(If applicable)			
State Senator					800			
5. PARTY AFFILIATION								
✓ Republican	Democratic		Other (Spec	ify)				
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Kevin			D	Witkos				
7. CANDIDATE RESIDEN	CE ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)			
Street Address				Address				
15 High Ledge Rd								
City		State	Zip Code	City		State	Zip Code	
Canton		СТ	06019					
9. CANDIDATE TELEPHONE 10			10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)								
860 693	3985	Witko	os@comcast.net					
11. DESIGNATION OF CA	MPAIGN FUNDING	SOURCI	E					
(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>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 For	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 <i>together with</i> either Form 1A, "Registration					rm 1A, '	ation		

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>	CANDIDATE NA	ME					
✓ Initial I Amendment Kevin D Witkos							
<b>12. COMMITTEE NAME</b>							
Witkos 2016							
<b>13. COMMITTEE ADDRESS</b>				14. & 15. COMMITTEE EMAIL ADDRESS & W	<b>EBSITE</b>		
Address				Email Address			
14 High Hill Rd							
City		State	Zip Code	Website			
Canton		СТ	06019				
16. TREASURER NAME							
First Name			MI	Last Name		Suffix	
Susan				Markowitz			
<b>17. TREASURER RESIDENC</b>	E ADDRESS			18. TREASURER MAILING ADDRESS (If different	)		
Street Address				Address			
14 High Hl				14 High Hill Rd			
City		State	Zip Code	City	State	Zip Code	
Canton		СТ	06019	Canton	СТ	06019	
<b>19. TREASURER TELEPHONE</b>		20. TREASURER EMAIL ADDRESS					
(Include Area Code) 860 693 1064 susanmarko			marko426@	2msn.com			
<b>21. DEPUTY TREASURER NA</b>	AME						
First Name			MI	Last Name		Suffix	
22. DEPUTY TREASURER RI	ESIDENCE ADDR	ESS	1	23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address		·		
City		State	Zip Code	City	State	Zip Code	
		State	Lip cout				
24 DEDUTY TREASURED TELEDHONE 2		25 DFP	UTV TRFA	SUPER EMAIL ADDRESS			
24. DEPUTY TREASURER TELEPHONE 2:   (Include Area Code) 2:		25. DEPUTY TREASURER EMAIL ADDRESS					
<b>26. DEPOSITORY INSTITUT</b>	ION NAME						
Simsbury Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
27 Dale Road, Avon, CT 06001							

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<b>REGISTRATION TYPE</b>		CANDIDATE NAME	
✓ Initial	Amendment	Kevin D Witkos	

#### 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.

Kevin D Witkos	01/19/2016
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 Statues, 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.

Susan Markowitz	01/19/2016
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 Statues, 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.

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### **SEEC FORM 1B** STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee Revised September 2016



DECICED ATION TYPE	CANDIDATE NAME				
REGISTRATION TYPE					
Initial Amendment					
12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE					
I hereby cer	ify 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 v a town committee or a political committee formed for a single election or primary and expendit the value of the value of the reported by the committee sponsoring my candidacy. The name of this sponsories committee is:					
	OR				
contributions fro thousand dollars	g my campaign entirely from my own verse al fun is and will not request or receive in other individuals or committees and I to terstation of if I make expenditures exceeding one (\$1,000) that I shall be reconstant for filing financial disclosure statements (SEEC Form 23) same schedule and in the campaigneer as received of treasurers of candidate committees.				
C. I do not inte					
	OR				
<b>D.</b> I do the provide the provide of the provide the providet the providet the providet the providet the providet					
13. CER					
	nd state, under penalties of false statement, that this statement of exemption from forming a ttee, for the reason checked above, is true, accurate and complete to the best of my elief.				
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)				