### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



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REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY				
✓ Initial   Amendment	Nov 2016				(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER				
						(If applicable	?)		
State Senator					007				
5. PARTY AFFILIATION									
✓ Republican Democratic Other (Specify)									
6. CANDIDATE NAME									
First Name	MI				Last Name			Suffix	
John	A				Kissel				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)					
Street Address				Address					
16 Frew Ter									
City	:		Zip Code		City		State	Zip Code	
Enfield		СТ	06082	2					
9. CANDIDATE TELEPHONE 10. CANDIDATE F			E EM	IAIL ADDRESS					
Include Area Code)									

### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

0668

745

#### (Check one)

860

✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

scottkaupin@cox.net

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							
✓ Initial   Amendment	John A Kissel							
12. COMMITTEE NAME								
Committee To Re-Elect Senator John A. Kissel								
13. COMMITTEE ADDRESS			4. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address				Email Address				
9 Allen St				scottkaupin@cox.net				
City	State		zip Code <b>06082</b>	Website				
Enfield		CT	00002					
16. TREASURER NAME	16. TREASURER NAME							
First Name			MI	Last Name Suffix				
Scott			R	Kauplin				
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address				Address				
9 Allen St								
City		State	Zip Code	City	State	Zip Code		
Enfield		СТ	06082					
19. TREASURER TELEPHONE 20. TREASURER EN				MAIL ADDRESS				
(Include Area Code) 860 749 1820				net				
21. DEPUTY TREASURER NA	AME		l. a	Ir ar		To an		
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		
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			SURER EMAIL ADDRESS					
(Include Area Code)								
26. DEPOSITORY INSTITUTION NAME								
United Bank								
27. DEPOSITORY INSTITUTION ADDRESS								
855 Enfield Street, Enfield, CT 06082								

SEEC FORM 1A Revised September 2016

committee registrati this statement include	on statement are true and access my certification to the fac	statement, that all of the designations set forth in this candidate
I hereby certify and committee registrati this statement include	on statement are true and access my certification to the fac	
I hereby certify and committee registrati this statement include	on statement are true and access my certification to the fac	
	ave muicated to me their acc	urate to the best of my knowledge and belief, and further, that t that any individual designated herein to serve as my treasurer eptance of my appointment of them to those positions.
John A Kissel		01/16/2016
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State of requirements as conflimitations or restrict.  I certify that I have pure in the state of the following in the serve as elector in the State of requirements as conflimitations or restrict.  I certify that I have pure in the serve as elector in the serve as elector in the serve as elector.	the candidate's designated to Connecticut. I intend to conained in Chapter 155 through ions concerning campaign conaid any civil penalties or for ot been convicted of or pled felony involving fraud, forget General Statues, or that at lead on of any sentence, whicheve	statement, that I have accepted my appointment by the reasurer of this candidate committee. I certify that I am an imply with all the campaign finance registration and disclosure in 157 of the General Statutes, and to abide by any prohibitions, outributions and expenditures.  Seitures assessed pursuant to Chapters 155 to 157, inclusive. Inclusive in a court of competent erry, larceny, embezzlement or bribery, or (B) criminal offense is the eight years have elapsed from the date of the conviction or in date is later, without a subsequent conviction of or plea to
Commission.	t otherwise barred from servi	ng as a treasurer by order of the State Elections Enforcement
Scott R Kauplin		01/16/2016
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as and accept that, in the automatically become that I am an elector in disclosure requirement	the candidate's designated de event of a vacancy caused be responsible for discharging in the State of Connecticut. I nts as contained in Chapter 1	statement, that I have accepted my appointment by the eputy treasurer of this candidate committee, and I understand by the treasurer's death, incapacity or resignation, I shall all of the duties required of the vacating treasurer. I certify intend to comply with all the campaign finance registration and 55 through 157 of the General Statutes, and to abide by any g campaign contributions and expenditures.
I certify that I have J	aid any civil penalties or for	feitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the	felony involving fraud, forge General Statues, or that at lea on of any sentence, whicheve	guilty or nolo contendere to, in a court of competent ery, larceny, embezzlement or bribery, or (B) criminal offense st eight years have elapsed from the date of the conviction or r date is later, without a subsequent conviction of or plea to
I certify that I am no Enforcement Comm		ng as a deputy treasurer by order of the State Elections
DEPUTY TREASURER SIGN	ATURE	DATE (mm/dd/yyyy)



# **SEEC FORM 1B**

## STATE ELECTIONS ENFORCEMENT COMMISSION **Certification of Exemption From Forming**





REGISTR	ATION TYPE	CANDIDATE NAME			
☐ Initial	☐ Amendment				
12. REASO	N FOR EXEMPTION	ON FROM FORMING A CANDIDATE COMMITTEE			
I hereby certify that I am exempt from forming a candidate committee becaus (CHECK ONE)					
A. I am one of a slate of candidates whose campaigns are being funded soler, y a town committee or a political committee formed for a single election or primary and expendit to the description of the reported by the committee sponsoring my candidacy. The name of this sponsor committee is:					
		OR			
con thou	tributions from cusand dollars (\$	ny campaign entirely from my own erstand funds and will not request or receive other individuals or committees and I to derstand a if I make expenditures exceeding one 1,000) that I shall be reconstant for filing francial disclosure statements (SEEC Form 23) me schedule and in the tank manner as record of treasurers of candidate committees.			
C.	I do not intend	to receive experience funds in excess of one thousand dollars (\$1,000).  OR			
□ D.	I do nd	to sceive or expend any funds, including personal funds, for this campaign.			
13. CER					
can		state, under penalties of false statement, that this statement of exemption from forming a se, for the reason checked above, is true, accurate and complete to the best of my ef.			
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)			