### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## **Registration by Candidate**

Revised September 2016



REGISTRATION TYPE 1. ELECTION DA	TE (mm/dd/y	(עעע	2. MUNICIPALITY			
✓ Initial   Amendment   Nov 2016			(If applicable)			
3. OFFICE OR POSITION SOUGHT		4. DISTRICT NUMBER				
State Representative				(If applicable) 085		
5. PARTY AFFILIATION						
✓ Republican Democratic Other (Special			(f))			
6. CANDIDATE NAME						
First Name		MI	Last Name			Suffix
Serge			Mihaly			Jr
7. CANDIDATE RESIDENCE ADDRESS	8. CANDIDATE MAILING ADDRESS (If different)					
Street Address			Address			
70 Southwind Dr						
City	State	Zip Code	City		State	Zip Code
Wallingford	СТ	06492				
			IAIL ADDRESS			
1nclude Area Code) 203 772 5344	sgmih	alyjr@att.ne	et			

### 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 CANDIDA	REGISTRATION TYPE CANDIDATE NAME					
✓ Initial I Amendment Serge G N	Serge G Mihaly Jr					
12. COMMITTEE NAME						
Mihaly For State Rep						
13. COMMITTEE ADDRESS						
Address			Email Address			
70 Southwind Dr						
City	State	Zip Code <b>06492</b>				
Wallingford	CT	00.02				
16. TREASURER NAME						
First Name		MI	Last Name	Last Name Suffix		
William	Villiam L		Jenkins			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
63 Ridge Rd						
City	State	Zip Code	City	State	Zip Code	
Chaplin	СТ	06235				
19. TREASURER TELEPHONE 20. TREASURER EM			EMAIL ADDRESS	1		
(Include Area Code)						
21. DEPUTY TREASURER NAME					T	
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	DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER					
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
Savings Rank & Trust						
Savings Bank & Trust						
27. DEPOSITORY INSTITUTION ADDRESS Address						
20 Route 32, North Franklin, CT						

REGISTRA	ATION TYPE	CANDIDATE NAME	
✓ Initial	Amendment	Serge G Mihaly Jr	
28. CERTIF	ICATION		
comn this s	nittee registration Statement includ	on statement are true and accurate es my certification to the fact that	ement, that all of the designations set forth in this candidate to the best of my knowledge and belief, and further, that any individual designated herein to serve as my treasurer ance of my appointment of them to those positions.
Ser	ge G Mihaly Jr		03/18/2016
CAND	DIDATE SIGNATURE		DATE (mm/dd/yyyy)
electorequirelectorelec	or in the State or rements as contractions or restrict ify that I have prify that I have notice in the state of the Contraction, any (A) or Title 9 of the Contraction.	f Connecticut. I intend to comply ained in Chapter 155 through 157 ions concerning campaign contri aid any civil penalties or forfeitu ot been convicted of or pled guil felony involving fraud, forgery, General Statues, or that at least eigen of any sentence, whichever day	arer of this candidate committee. I certify that I am an y with all the campaign finance registration and disclosure 7 of the General Statutes, and to abide by any prohibitions, butions and expenditures.  The assessed pursuant to Chapters 155 to 157, inclusive.  The ty or nolo contendere to, in a court of competent competent converged area of the conviction of the is later, without a subsequent conviction of or plea to
Com	mission.	t otherwise barred from serving a	as a treasurer by order of the State Elections Enforcement
	am L Jenkins		03/21/2016
TREAS	SURER SIGNATURE		DATE (mm/dd/yyyy)
candi and a auton that I disclo	eby certify and sidate to serve as accept that, in the natically become am an elector is assure requireme	the candidate's designated depute event of a vacancy caused by the responsible for discharging all in the State of Connecticut. I intents as contained in Chapter 155 to	ement, that I have accepted my appointment by the ty treasurer of this candidate committee, and I understand ne treasurer's death, incapacity or resignation, I shall of the duties required of the vacating treasurer. I certify and to comply with all the campaign finance registration and through 157 of the General Statutes, and to abide by any mpaign contributions and expenditures.
I cert	ify that I have p	aid any civil penalties or forfeitu	res assessed pursuant to Chapters 155 to 157, inclusive.
jurisd under plea d	liction, any (A) r Title 9 of the (	felony involving fraud, forgery, General Statues, or that at least ein on of any sentence, whichever date	ty or nolo contendere to, in a court of competent larceny, embezzlement or bribery, or (B) criminal offense ght years have elapsed from the date of the conviction or te is later, without a subsequent conviction of or plea to
	ify that I am no		as a deputy treasurer by order of the State Elections
DEPUT	TY TREASURER SIGNA	TURE	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 solely was tow committee or a political committee formed for a single election or primary and expendit to the decomposition of the properties of the committee sponsoring my candidacy. The name of this spaces countries:					
		OR			
con	tributions from cusand dollars (\$	by campaign entirely from my own, erscall fun is and will not request or receive other individuals or committees and I to derstate it if I make expenditures exceeding one 1,000) that I shall be reconsitive for filing financial disclosure statements (SEEC Form 23) me schedule and in the annumancer as record of treasurers of candidate committees.  OR			
☐ C.	I do not intend	to receive experiences 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 e, for the reason checked above, is true, accurate and complete to the best of my ef.			
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)			