SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY			
Initial				(If applicable)			
initiai V i Amendment	Nov 2016						
3. OFFICE OR POSITION S	OUGHT				4. DISTR	ICT NUM	IBER
					(If applicable	·)	
State Senator					029		
5. PARTY AFFILIATION							
Republican	✓ Democratic	Ot	ther (Specij	f _V)			
			crisi (specy				
6. CANDIDATE NAME							
First Name		MI]	Last Name			Suffix
Mae		M	Л.Е.	Flexer			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address			
452 Main St							
City	State	1 -	Code	City		State	Zip Code
Danielson	C	т 06	6239				
9. CANDIDATE TELEPHONE 10. CANDIDATE EM		DATE EM	AIL ADDRESS				
(Include Area Code)							
860 208	0429 m	naeflexeı	r@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	TRATION TYPE CANDIDATE NAME					
Initial I Amendment Mae M.E. F	Mae M.E. Flexer					
12. COMMITTEE NAME						
Elect Mae Flexer						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address			Email Address			
452 Main St			electmaeflexer@gmail.com			
City	State	Zip Code 06239	Website			
Danielson	CT 06239		electmaeflexer.com			
16. TREASURER NAME						
First Name		MI	Last Name		Suffix	
Ussawin		R	Bumpen			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
950 Farmington Ave Apt C30						
City	State	Zip Code	City	State	Zip Code	
New Britain	СТ	06053				
19. TREASURER TELEPHONE 20. TREASURER EM		MAIL ADDRESS				
(Include Area Code) 860 707 4730	ussaw	ussawinb@gmail.com				
21. DEPUTY TREASURER NAME						
First Name MI		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	EPUTY TREASURER TELEPHONE 25. DEPUTY TREASU					
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
The Savings Institute Bank & Trust						
27. DEPOSITORY INSTITUTION ADDRESS	S					
Address Main Street, Willimantic, CT 06226						
			· ·	•		

DEPUTY TREASURER SIGNATURE

Revised September 2016					
REGISTRATION TYPE	CANDIDATE NAME				
Initial 🗸 Amendment	Mae M.E. Flexer				
28. CERTIFICATION					
committee registration this statement include or deputy treasurer has Mae M.E. Flexer	state, under penalties of false statement, that all of the designations set forth in this candidate on statement are true and accurate to the best of my knowledge and belief, and further, that es my certification to the fact that any individual designated herein to serve as my treasurer ave indicated to me their acceptance of my appointment of them to those positions. 06/03/2016				
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)				
candidate to serve as elector in the State o requirements as cont limitations or restrict I certify that I have pure an interest of the Completion and the completion another such felony of the Completion and the Completion another such felony of the Completion and the Completio	state, under penalties of false statement, that I have accepted my appointment by the the candidate's designated treasurer of this candidate committee. I certify that I am an f Connecticut. I intend to comply with all the campaign finance registration and disclosure ained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ions concerning campaign contributions and expenditures. aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. ot been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense General Statues, or that at least eight years have elapsed from the date of the conviction or on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense. It otherwise barred from serving as a treasurer by order of the State Elections Enforcement				
Ussawin R Bumpen	06/03/2016				
TREASURER SIGNATURE	DATE (mm/dd/yyyy)				
candidate to serve as and accept that, in the automatically become that I am an elector is disclosure requirement prohibitions, limitating I certify that I have purisdiction, any (A) under Title 9 of the Complete another such felony of	t otherwise barred from serving as a deputy treasurer by order of the State Elections				

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	12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE					
	I hereby certify that I am exempt from forming a candidate committee becaus (CHECK ONE)					
poli	itical committee	ate of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expenditure and decomy behavioral be amittee sponsoring my candidacy. The name of this sponsor countries is:				
		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)				