### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

#### **Registration by Candidate**

Revised September 2016



2. MUNICIPALITY	
(If applicable)	

REGISTRATION TYPE	E (mm/dd/y	יעעע)	2. MUNICIPALITY				
✓ Initial   Amendment	Nov 2016			(If applicable)			
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NUMBER		
State Senator				(If applicable) 013			
5. PARTY AFFILIATION							
✓ Republican Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Len				Suzio			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
35 Lydale PI							
City		State	Zip Code	City		State	Zip Code
Meriden		СТ	06450				
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)							
203 630	3485	LenSuzio@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							
Designation Statement							

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				
✓ Initial I Amendment Len Suzio				
12. COMMITTEE NAME				
Suzio 2016				
13. COMMITTEE ADDRESS		14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address		Email Address		
35 Lydale Pl				
City	State Zip Code 06450	Website		
Meriden	CT			
16. TREASURER NAME				
First Name	MI	Last Name Suffix		
Irene		Masse		
17. TREASURER RESIDENCE ADDRESS		18. TREASURER MAILING ADDRESS (If different)		
Street Address		Address		
8 Sweet Birch Dr				
City	State Zip Code	City State Zip Code		
Meriden	CT 06450			
19. TREASURER TELEPHONE	20. TREASURE	R EMAIL ADDRESS		
(Include Area Code)				
203 645 1164				
21. DEPUTY TREASURER NAME				
First Name	MI	Last Name Suffix		
David		White		
22. DEPUTY TREASURER RESIDENCE ADD	RESS	23. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address		Address		
1274 E Main St Unit 4A				
City	State Zip Code	City State Zip Code		
Meriden	CT 06450			
24. DEPUTY TREASURER TELEPHONE	25. DEPUTY TE	EASURER EMAIL ADDRESS		
(Include Area Code)	-IIII	mad.		
203 464 7648	dhwhite@cox.net			
26. DEPOSITORY INSTITUTION NAME				
Ion Bank				
27. DEPOSITORY INSTITUTION ADDRESS				
Address				
1231 East Main Street, Meriden, CT 06450				

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DEPUTY TREASURER SIGNATURE

	tember 2016					
REGISTRA	TION TYPE	CANDIDATE NAME				
Initial	Amendment	Len Suzio				
28. CERTIF	ICATION					
communithis sor de	nittee registration tatement includ	on statement are true and accur es my certification to the fact	statement, that all of the designations set forth in this candidate rate to the best of my knowledge and belief, and further, that that any individual designated herein to serve as my treasurer ptance of my appointment of them to those positions.  05/10/2016			
CAND	IDATE SIGNATURE		DATE (mm/dd/yyyy)			
candi electo requi	date to serve as or in the State o rements as cont	the candidate's designated tre f Connecticut. I intend to com	statement, that I have accepted my appointment by the easurer of this candidate committee. I certify that I am an apply with all the campaign finance registration and disclosure 157 of the General Statutes, and to abide by any prohibitions, antributions and expenditures.			
I cert	ify that I have p	aid any civil penalties or forfe	eitures assessed pursuant to Chapters 155 to 157, inclusive.			
jurisd under plea c anoth	diction, any (A) Title 9 of the Cor the completion or such felony of	felony involving fraud, forger General Statues, or that at least on of any sentence, whichever or offense.	guilty or nolo contendere to, in a court of competent ry, larceny, embezzlement or bribery, or (B) criminal offense t eight years have elapsed from the date of the conviction or date is later, without a subsequent conviction of or plea to			
	nission.	t otherwise barred from servin	g as a treasurer by order of the State Elections Enforcement			
Irene	e Masse		05/10/2016			
TREAS	SURER SIGNATURE		DATE (mm/dd/yyyy)			
candi and a auton that I disclo	eby certify and so date to serve as eccept that, in the natically become am an elector in osure requireme	the candidate's designated de- e event of a vacancy caused by the responsible for discharging a in the State of Connecticut. I in tents as contained in Chapter 15	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 nation to comply with all the campaign finance registration and 55 through 157 of the General Statutes, and to abide by any campaign contributions and expenditures.			
I cert	I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.					
jurisd under plea d	liction, any (A) Title 9 of the (	felony involving fraud, forger General Statues, or that at least on of any sentence, whichever	guilty or nolo contendere to, in a court of competent ry, larceny, embezzlement or bribery, or (B) criminal offense t eight years have elapsed from the date of the conviction or date is later, without a subsequent conviction of or plea to			
	ify that I am no cement Commi		ng as a deputy treasurer by order of the State Elections			
Dav	id White		05/10/2016			

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)			
poli	A. I am one of a slate of candidates whose campaigns are being funded solely v a toy 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 space of the committee sponsoring my candidacy.				
		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)			