### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

#### Registration by Candidate

Revised September 2016



							1	
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			(עעע	2. MUNICIPALITY				
✓ Initial   Amendment	Nov 2016			(If applicable)				
	1100 2010							
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
					(If applicable	?)		
State Representative				031				
5. PARTY AFFILIATION								
Republican	✓ Democratic		Other (Speci	(fy)				
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Matthew			Saunig					
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address			Address					
186 Chimney Sweep Hill Rd								
City		State	Zip Code	City		State	Zip Code	
Glastonbury		СТ	06033					
9. CANDIDATE TELEPHONE 10. CANDIDATE			DIDATE EM	IAIL ADDRESS				
(Include Area Code)								
860 966	2104	matthew.saunig@gmail.com						
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE								
(Check one)								
✔ 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 NAME					
✓ Initial I Amendment Matthew Saun	✓ Initial I Amendment Matthew Saunig				
12. COMMITTEE NAME					
Saunig 2016					
13. COMMITTEE ADDRESS 4 WEBSITE					
Address Email Address					
186 Chimney Sweep Hill Rd					
City	State	Zip Code 06033	Website		
Glastonbury	СТ				
16. TREASURER NAME		_			
First Name		MI	Last Name Suffix		
Robert		J	Zanlungo		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
18D Brewster Rd					
City	State	Zip Code	City	State	Zip Code
Glastonbury	CT 06033				
19. TREASURER TELEPHONE 20. TREASURER EN			MAIL ADDRESS		
(Include Area Code)					
860 933 8480 bzanlungo@prime			eres.com		
21. DEPUTY TREASURER NAME First Name		MI	L and Name		CCC
		F	Last Name		Suffix
Charles		「	Murray		
22. DEPUTY TREASURER RESIDENCE ADDRESS Street Address			23. DEPUTY TREASURER MAILING ADDRES Address	S (If different	)
118 Marilyn Dr			Addition		
City	State	Zip Code	City	State	Zip Code
Glastonbury	СТ	06033			
24. DEPUTY TREASURER TELEPHONE	25. DEPUTY TREASURER EMAIL ADDRESS				
(Include Area Code)	_				
860 830 9605	cfmurray@sbcglobal.net				
26. DEPOSITORY INSTITUTION NAME					
United Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address					
902 Main Street, South Glastonbury, CT 0	902 Main Street, South Glastonbury, CT 06073				
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SEEC FORM 1A

Revised September 2016		9	
REGISTRATION TYPE	CANDIDATE NAME		
✓ Initial   Amendment	Matthew Saunig		
28. CERTIFICATION			
committee registration this statement include	n statement are true and accurate to the less my certification to the fact that any inc	hat all of the designations set forth in this candidate pest of my knowledge and belief, and further, that dividual designated herein to serve as my treasurer my appointment of them to those positions.	
Matthew Saunig		05/06/2016	
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)	
elector in the State of requirements as conta limitations or restriction. I certify that I have particularly that I have not jurisdiction, any (A) founder Title 9 of the Goplea or the completion another such felony of I certify that I am not Commission.	Connecticut. I intend to comply with all ined in Chapter 155 through 157 of the cons concerning campaign contributions id any civil penalties or forfeitures assent been convicted of or pled guilty or not elony involving fraud, forgery, larceny, eneral Statues, or that at least eight year in of any sentence, whichever date is late to offense.	o contendere to, in a court of competent embezzlement or bribery, or (B) criminal offense is have elapsed from the date of the conviction or r, without a subsequent conviction of or plea to urer by order of the State Elections Enforcement	
Robert J Zanlungo Jr		05/06/2016	
TREASURER SIGNATURE		DATE (mm/dd/yyyy)	_
candidate to serve as tand accept that, in the automatically become that I am an elector in disclosure requirement prohibitions, limitation I certify that I have particularly that I have no jurisdiction, any (A) founder Title 9 of the Go	the candidate's designated deputy treasurevent of a vacancy caused by the treasuresponsible for discharging all of the disthe State of Connecticut. I intend to costs as contained in Chapter 155 through ms or restrictions concerning campaign of did any civil penalties or forfeitures assest been convicted of or pled guilty or not belony involving fraud, forgery, larceny, eneral Statues, or that at least eight years of any sentence, whichever date is late	hat I have accepted my appointment by the rer of this candidate committee, and I understand rer's death, incapacity or resignation, I shall aties required of the vacating treasurer. I certify mply with all the campaign finance registration and 157 of the General Statutes, and to abide by any contributions and expenditures.  Seed pursuant to Chapters 155 to 157, inclusive.  To contendere to, in a court of competent embezzlement or bribery, or (B) criminal offense is have elapsed from the date of the conviction or re, without a subsequent conviction of or plea to	

05/06/2016 Charles F Murray DEPUTY TREASURER SIGNATURE DATE (mm/dd/yyyy)

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.



# **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 was tow committee or a political committee formed for a single election or primary and expendit to the decomposition of the property of the committee sponsoring my candidacy. The name of this spaces of committee 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 reconstructed for filing francial 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)				