State

Zip Code

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	THE REPORT COMME				
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/y	(עעע	2. MUNICIPALITY		
✓ Initial Amendment	Nov 2018		(If applicable)		
. OFFICE OR POSITION SOUGHT 4. DISTRICT NUMBER			BER		
State Representative				(If applicable) 033	
S. PARTY AFFILIATION					
Republican	Democratic	Other (Special	ify)		
. CANDIDATE NAME					
irst Name		MI	Last Name		Suffix
inda		J	Szynkowicz		
. CANDIDATE RESIDENCE ADDRESS 8			8. CANDIDATE MAILING ADDRESS	(If different)	

Address

City

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

7125

(Check one)

Street Address

City

140 Knox Blvd

9. CANDIDATE TELEPHONE

575

Middletown

(Include Area Code)

860

✓ 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.

Zip Code

06457

10. CANDIDATE EMAIL ADDRESS

LindaSzynkowicz@reagan.com

State

CT

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 NA	AME							
✓ Initial I Amendment Linda J Szynko	endment Linda J Szynkowicz							
12. COMMITTEE NAME								
Szynkowicz 2018								
13. COMMITTEE ADDRESS	13. COMMITTEE ADDRESS 4. WEBSITE							
Address								
140 Knox Blvd		_	lindaszynkowicz@reagan.com					
City	State Zip Code Website 06457							
Middletown	CT		www.szynkowicz2018.com					
16. TREASURER NAME								
First Name	rst Name MI		Last Name Suffix					
inda Salafia		Salafia						
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)					
Street Address			Address					
1031 Saybrook Rd								
City	State	Zip Code	City	State	Zip Code			
Middletown	CT	06457						
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS	1				
(Include Area Code)								
21. DEPUTY TREASURER NAME								
First Name		MI	Last Name		Suffix			
Hollees		J	Goldman					
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)					
Street Address Addr			Address					
1050 Notch Rd								
City	State	Zip Code	City	State	Zip Code			
Cheshire	CT	06410						
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER		URER EMAIL ADDRESS						
(Include Area Code)								
203 214 7397	holleeg13@hotmail.com							
26. DEPOSITORY INSTITUTION NAME								
Liberty Bank								
27. DEPOSITORY INSTITUTION ADDRESS								
4.11				Address Main Street, Middletown, CT 06457				
Address								

SEEC FORM 1A Revised September 2016		Page 3 of 4
REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendment	nt Linda J Szynkowicz	
28. CERTIFICATION		
committee registr this statement inc	ation statement are true and acculudes my certification to the facer have indicated to me their accurate	statement, that all of the designations set forth in this candidate urate to the best of my knowledge and belief, and further, that that any individual designated herein to serve as my treasurer eptance of my appointment of them to those positions. O7/07/2017 DATE (mm/dd/yyyy)
Treasurer		
candidate to serve elector in the Stat requirements as c limitations or rest I certify that I hav I certify that I hav jurisdiction, any (under Title 9 of th plea or the compl- another such felor	e as the candidate's designated to e of Connecticut. I intend to con- ontained in Chapter 155 through rictions concerning campaign co- re paid any civil penalties or for- re not been convicted of or pled (A) felony involving fraud, forge- the General Statues, or that at lea- etion of any sentence, whicheve- iny or offense.	feitures assessed pursuant to Chapters 155 to 157, inclusive. 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 Commission.	not otherwise barred from servi	ng as a treasurer by order of the State Elections Enforcement
Linda Salafia		07/07/2017
TREASURER SIGNATUR	E	DATE (mm/dd/yyyy)
candidate to serve and accept that, in automatically bec	e as the candidate's designated d the event of a vacancy caused ome responsible for discharging	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

disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

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

Hollees J Goldman	07/07/2017
DEPUTY TREASURER SIGNATURE	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	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 expendit to the decomposition of the 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)		