SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	Vac Print	STULL SUSTINE SO	/					
REGISTRATION TYPE	1. ELECTION DA	TE (mm/dd	(/yyyy)	2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018			(If applicable)				
3. OFFICE OR POSITION SOUGHT						4. DISTRICT NUMBER		
						(If applicabl	e)	
State Senator						007		
5. PARTY AFFILIATION								
✓ Republican	Republican Democratic Other (Specify)							
6. CANDIDATE NAME								
First Name			MI	Last Name				Suffix
John			Α	Kissel				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address				Address				
16 Frew Ter								
City		State	Zip Code	City			State	Zip Code

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

0668

(Check one)

(Include Area Code)

860

9. CANDIDATE TELEPHONE

745

Enfield

✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

06082

scottkaupin@cox.net

10. CANDIDATE EMAIL ADDRESS

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 Amendment	John A Kissel							
12. COMMITTEE NAME								
Committee to Re-Elect Senator John A. Kissel								
13. COMMITTEE ADDRESS 14				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address				Email Address				
9 Allen St			scottkaupin@cox.net					
		Zip Code 06082	Website					
Enfield		CT 06082						
16. TREASURER NAME			ı					
First Name			MI	Last Name Suffix				
Scott			R.	Kaupin				
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address				Address				
9 Allen St								
City		State	Zip Code	City	State	Zip Code		
Enfield		СТ	06082					
19. TREASURER TELEPHONE 20. TREASURER EN			ASURER EM	IAIL ADDRESS				
(Include Area Code) 860 749 1820		scottka	nupin@cox.r	net				
21. DEPUTY TREASURER NA	ME							
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 TE	CLEPHONE	PHONE 25. DEPUTY TREASURER EMAIL ADDRESS						
(Include Area Code)								
26. DEPOSITORY INSTITUTION NAME								
UnitedBank								
27. DEPOSITORY INSTITUTION ADDRESS								
Address 855 Enfield Street, Enfield, CT 06082								
				•	•			

REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendm	John A Kissel	
28. CERTIFICATION		
committee regist this statement in	ration statement are true and cludes my certification to the	false statement, that all of the designations set forth in this candidate accurate to the best of my knowledge and belief, and further, that a fact that any individual designated herein to serve as my treasurer acceptance of my appointment of them to those positions.
John A Kissel		01/15/2018
CANDIDATE SIGNATU	RE	DATE (mm/dd/yyyy)
elector in the Starequirements as a limitations or result I certify that I has I certify that I has jurisdiction, any under Title 9 of the state of	te of Connecticut. I intend to contained in Chapter 155 thr trictions concerning campai we paid any civil penalties of ve not been convicted of or (A) felony involving fraud, the General Statues, or that a letion of any sentence, which	ted treasurer of this candidate committee. I certify that I am an to comply with all the campaign finance registration and disclosure rough 157 of the General Statutes, and to abide by any prohibitions, gn contributions and expenditures. It forfeitures assessed pursuant to Chapters 155 to 157, inclusive. In pled guilty or nolo contendere to, in a court of competent forgery, larceny, embezzlement or bribery, or (B) criminal offense at least eight years have elapsed from the date of the conviction or hever date is later, without a subsequent conviction of or plea to
I certify that I an Commission.	n not otherwise barred from	serving as a treasurer by order of the State Elections Enforcement
Scott R. Kaupin		01/15/2018
TREASURER SIGNATU	RE	DATE (mm/dd/yyyy)
candidate to serv and accept that, i automatically be that I am an elec disclosure requir	e as the candidate's designar in the event of a vacancy cau come responsible for dischar tor in the State of Connectice ements as contained in Chap	false statement, that I have accepted my appointment by the ted deputy treasurer of this candidate committee, and I understand used by the treasurer's death, incapacity or resignation, I shall riging all of the duties required of the vacating treasurer. I certify ut. I intend to comply with all the campaign finance registration and oter 155 through 157 of the General Statutes, and to abide by any trining campaign contributions and expenditures.
I certify that I ha	ve paid any civil penalties of	r forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any under Title 9 of	(A) felony involving fraud, the General Statues, or that a letion of any sentence, which	pled guilty or nolo contendere to, in a court of competent forgery, larceny, embezzlement or bribery, or (B) criminal offense at least eight years have elapsed from the date of the conviction or hever date is later, without a subsequent conviction of or plea to
I certify that I an Enforcement Co		serving as a deputy treasurer by order of the State Elections
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 because (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 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)				