### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

### **Registration by Candidate**

Revised September 2016



REGISTRATION TYPE	TE (mm/dd/yyyy)		2. MUNICIPALITY					
				(If applicable)				
Initial / Amendment	Nov 2018							
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NUMBER			
				(If applicable)				
State Senator					009			
5. PARTY AFFILIATION								
✓ Republican	Democratic		Other (Speci	fy)				
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Tyler			Р	Flanigan				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
19 Hunters Path								
City		State	Zip Code	City		State	Zip Code	
Wethersfield		CT	06109				1	
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS							
(Include Area Code)								
860 967	9155	tyler_flanigan@aol.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 NAME					
Initial I Amendment Tyler P Flaniga	I ✓I Amendment Tyler P Flanigan				
12. COMMITTEE NAME					
Flanigan for Connecticut					
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address			Email Address		
19 Hunters Path	1	_	tyler_flanigan@aol.com		
City	State	Zip Code 06109	Website		
Wethersfield	CT	00100			
16. TREASURER NAME					
First Name		MI	Last Name Suffix		
Michael		R	Flanigan		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
19 Hunters Path					
City	State	Zip Code	City	State	Zip Code
Wethersfield	СТ	06109			
19. TREASURER TELEPHONE 20. TREASURER EN			IAIL ADDRESS		
(Include Area Code)					
860 805 3325 mrfpef@aol.c					
21. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
Nicole			Poulin		
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address	Address				
3 Granite Ct					
City	State	Zip Code <b>06415</b>	City	State	Zip Code
Colchester	CT	00413			
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS		
(Include Area Code)					
860 990 1677	oceannickel2013@gmail.com				
26. DEPOSITORY INSTITUTION NAME					
Farmington Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address					
486 Silas Deane Highway, Wethersfield, CT 06109					

**SEEC FORM 1A**Revised September 2016

DEPUTY TREASURER SIGNATURE

REGISTRATION TYPE	CANDIDATE NAME				
Initial / Amendment					
initial •   7 thenament	Tyler P Flanigan				
28. CERTIFICATION					
committee registration this statement include	on statement are true and ac les my certification to the fa	se statement, that all of the designations set forth in this candidate curate to the best of my knowledge and belief, and further, that act that any individual designated herein to serve as my treasurer eceptance of my appointment of them to those positions.  06/27/2018			
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 purisdiction, any (A)	the candidate's designated f Connecticut. I intend to cained in Chapter 155 throughions concerning campaign of the candidate and civil penalties or for the convicted of or please felony involving fraud, forg	treasurer of this candidate committee. I certify that I am an omply with all the campaign finance registration and disclosure gh 157 of the General Statutes, and to abide by any prohibitions, contributions and expenditures.  In the first of the General Statutes are to contributions and expenditures.  In the first of the General Statutes are to abide by any prohibitions, contributions and expenditures.  In the first of the General Statutes are to abide by any prohibitions, contributions and expenditures.  In the first of the General Statutes are to abide by any prohibitions, contributions and expenditures.  In the first of the General Statutes, and to abide by any prohibitions, contributions and expenditures.  In the first of the General Statutes, and to abide by any prohibitions, contributions and expenditures.  In the first of the General Statutes, and to abide by any prohibitions, contributions and expenditures.			
another such felony	or offense.	ving as a treasurer by order of the State Elections Enforcement  06/27/2018			
TREASURER SIGNATURE					
TREASURER SIGNATURE		DATE (mm/dd/yyyy)			
candidate to serve as and accept that, in th automatically become that I am an elector in disclosure requirement	the candidate's designated e event of a vacancy caused the responsible for discharging in the State of Connecticut.	be statement, that I have accepted my appointment by the deputy treasurer of this candidate committee, and I understand by the treasurer's death, incapacity or resignation, I shall ag all of the duties required of the vacating treasurer. I certify I intend to comply with all the campaign finance registration and 155 through 157 of the General Statutes, and to abide by any ang campaign contributions and expenditures.			
I certify that I have p	aid any civil penalties or fo	orfeitures assessed pursuant to Chapters 155 to 157, inclusive.			
jurisdiction, any (A) under Title 9 of the G	felony involving fraud, forg General Statues, or that at le on of any sentence, whichev	d guilty or nolo contendere to, in a court of competent gery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or yer date is later, without a subsequent conviction of or plea to			
I certify that I am no Enforcement Comm		ving as a deputy treasurer by order of the State Elections			
Nicole A Poulin		06/27/2018			

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 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 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 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)				