SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY				
✓ Initial Amendment	Initial Amendment Nov 2018			(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
State Representative				(If applicable) 012				
5. PARTY AFFILIATION								
Republican	✓ Democratic		Other (Spec	ify)				
6. CANDIDATE NAME								
First Name			MI	Last Name Suf			Suffix	
Geoffrey			R.	Luxenberg				
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
265 Slater St Apt 322								
City		State	Zip Code	City		State	Zip Code	
Manchester		СТ	06042					
9. CANDIDATE TELEPHON	NE	10. CAN	DIDATE EMAIL ADDRESS					
(Include Area Code)								
860 335	2023	geoff.l	uxenberg@	gmail.com				
11. DESIGNATION OF CAN	IPAIGN FUNDING	SOURCE	E					
(Check one)								
✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.								
Registration	i 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 <i>together with</i> either Form 1A, "Registration of Candidate Committee," <i>or</i> 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 Amendment	Geoffrey R. Luxenberg							
12. COMMITTEE NAME								
Geoff 18								
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE			
Address				Email Address				
265 Slater St Apt 322				geoff.luxenberg@gmail.com				
City		State	Zip Code	Website				
Manchester		СТ	06042					
16. TREASURER NAME								
First Name			MI	Last Name		Suffix		
Dianna			J	Kulmacz				
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different	9			
Street Address				Address				
134 Brault Hill Rd								
City		State	Zip Code	City	State	Zip Code		
Higganum		СТ	06441					
19. TREASURER TELEPHON	IE	20. TRE	ASURER EN	IAIL ADDRESS				
(Include Area Code)								
21. DEPUTY TREASURER NA	AME					1		
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 TH	ELEPHONE	25. DEP	UTY TREAS	URER EMAIL ADDRESS				
(Include Area Code)								
26. DEPOSITORY INSTITUT	ION NAME							
Webster Bank								
27. DEPOSITORY INSTITUT	ION ADDRESS							
Address 1041 Main Street - Manch	ester CT							
L					·			

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REGISTRA	FION TYPE	CANDIDATE NAME
✓ Initial	Amendment	Geoffrey R. Luxenberg

28. CERTIFICATION Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

Geoffrey R. Luxenberg	02/02/2018	
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)	

Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. I 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 treasurer by order of the State Elections Enforcement Commission.

Dianna J Kulmacz	02/02/2018
TREASURER SIGNATURE	DATE (mm/dd/yyyy)

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I 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.

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SEEC FORM 1B STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee Revised September 2016



DECICED ATION TYPE	CANDIDATE NAME				
REGISTRATION TYPE					
□ Initial □ Amendment					
12. REASON FOR EXEMP	12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE				
I hereby cer	I hereby certify that I am exempt from forming a candidate committee becaus (CHECK ONE)				
□ A. I am one of a slate of candidates whose campaigns are being funded solely by a town committee or a political committee formed for a single election or primary and expendit and the tamp behavioral be reported by the committee sponsoring my candidacy. The name of this space of the space of mittains:					
	OR				
B. I am funding my campaign entirely from my own verse of funds and will not request or receive contributions from other individuals or committees and I to tersus and if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be receipts of for filing financial disclosure statements (SEEC Form 23) according to the same schedule and in the annumation are as received of treasurers of candidate committees.					
C. I do not inte					
	OR				
D. I do	nd to receive or expend any funds, including personal funds, for this campaign.				
13. CER					
	nd state, under penalties of false statement, that this statement of exemption from forming a ttee, for the reason checked above, is true, accurate and complete to the best of my elief.				
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)				