SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



		WY + CO.					
REGISTRATION TYPE	1. ELECTION DAT	TE (mm/dd/y	(עעע	2. MUNICIPALITY			
✓ Initial Amendment	Nov 2018			(If applicable)			
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER			
					(If applicable)		
State Representative					014		
5. PARTY AFFILIATION	5. PARTY AFFILIATION						
✓ Republican Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name			MI	Last Name		Suffix	
Tom				Delnicki			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)			
Street Address			Address				
130 Felt Rd							
The state of the s		Zip Code	City	State	Zip Code		
South Windsor		СТ	06074				
9. CANDIDATE TELEPHONE 10.			10. CANDIDATE EMAIL ADDRESS				
(Include Area Code)							
860 644	0026	tomdelnicki@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 Tom Delnicki	Tom Delnicki					
12. COMMITTEE NAME						
Delnicki For South Windsor						
13. COMMITTEE ADDRESS 14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				EBSITE		
Address			Email Address			
12 Roy Rd			tomdelnicki@aol.com			
City	State Zip Code 06074		Website			
South Windsor	СТ		tomdelnicki.com			
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Stephanie		M	Dexter			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
15 Larkspur Ln						
City	State	Zip Code	City	State	Zip Code	
South Windsor	CT 06074					
19. TREASURER TELEPHONE 20. TREASURER EN			AAIL ADDRESS			
(Include Area Code)						
860 709 0476 stephd3@cd						
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Janice			Snyder			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address Address						
191 Bourbon St						
City	State	Zip Code 06074	City	State	Zip Code	
South Windsor	СТ	00074				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS			
(Include Area Code)						
860 916 6845	janice.snyder@cox.net					
26. DEPOSITORY INSTITUTION NAME						
United Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
869 Sullivan Avenue, South Windsor, CT 06074						

SEEC FORM 1A Revised September 2016

REGISTRATION TYPE CANDIDATE N		CANDIDATE NAME		
✓ Initial	Amendment	Tom Delnicki		
28. CERTII	FICATION			
comi this s	mittee registrationstatement includ	on statement are true and a es my certification to the f	lse statement, that all of the designations set forth in this candidate ccurate to the best of my knowledge and belief, and further, that fact that any individual designated herein to serve as my treasurer acceptance of my appointment of them to those positions.	
Tom Delnicki			02/17/2018	
CANDIDATE SIGNATURE			DATE (mm/dd/yyyy)	
cand electrequilimit I cert juriso unde plea anoth	idate to serve as or in the State o irements as cont ations or restrict tify that I have putify that I have nudiction, any (A) or Title 9 of the Cor the completioner such felony of the I am no	the candidate's designated for Connecticut. I intend to ained in Chapter 155 throusions concerning campaign aid any civil penalties or for the been convicted of or plefelony involving fraud, for General Statues, or that at lear of any sentence, whiche or offense.	Is a statement, that I have accepted my appointment by the difference of this candidate committee. I certify that I am an comply with all the campaign finance registration and disclosure 19th 157 of the General Statutes, and to abide by any prohibitions, a contributions and expenditures. Forfeitures assessed pursuant to Chapters 155 to 157, inclusive. The guilty or nolo contendere to, in a court of competent 19th 19th 19th 19th 19th 19th 19th 19t	
	mission. chanie M Dexter		02/17/2018	
TREASURER SIGNATURE			DATE (mm/dd/yyyy)	
Deputy Treasure				
I here cand and a autor that I discl	eby certify and sidate to serve as accept that, in the matically becom I am an elector is osure requireme	the candidate's designated e event of a vacancy cause e responsible for discharg n the State of Connecticut nts as contained in Chapte	Is statement, that I have accepted my appointment by the d deputy treasurer of this candidate committee, and I understand ed by the treasurer's death, incapacity or resignation, I shall ing all of the duties required of the vacating treasurer. I certify I intend to comply with all the campaign finance registration and er 155 through 157 of the General Statutes, and to abide by any ing campaign contributions and expenditures.	
I cert	I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.			
juriso unde plea	diction, any (A) or Title 9 of the (felony involving fraud, for General Statues, or that at lon of any sentence, whicher	ed guilty or nolo contendere to, in a court of competent rgery, larceny, embezzlement or bribery, or (B) criminal offense least eight years have elapsed from the date of the conviction or ever date is later, without a subsequent conviction of or plea to	
	tify that I am no reement Commi		rving as a deputy treasurer by order of the State Elections	
Jan	ice Snyder		02/17/2018	
DEPU	TY TREASURER SIGNA	TURE	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 becaus (CHECK ONE)					
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 properties of the committee sponsoring my candidacy. The name of this spaces 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 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)				