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 Nov 2018			(If applicable)				
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NUMBER		
					(If applicable)		
State Representative					055		
5. PARTY AFFILIATION							
Republican	✓ Democratic		Other (Spece	ify)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Tiffany			V	Thiele			
7. CANDIDATE RESIDENC	E ADDRESS		•	8. CANDIDATE MAILING ADDRESS	(If different)		
Street Address			Address				
626 Gillead St							
City		State	Zip Code	City		State	Zip Code
Hebron		СТ	06248				
9. CANDIDATE TELEPHONE 1			10. CANDIDATE EMAIL ADDRESS				
(Include Area Code)							
401 301	8154	Thiele	For55th@o	utlook.com			
11. DESIGNATION OF CAM	IPAIGN FUNDING	SOURCE	E				
(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 <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							

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	Tiffany V Thiele							
12. COMMITTEE NAME								
Elect Tiffany Thiele For Th	ne 55th							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address				Email Address				
PO Box 1390				thielefor55th@outlook.com				
City		State Zip Code		Website				
Hebron		СТ	06248	www.thieleforthe55th.com				
16. TREASURER NAME		1						
First Name			MI	Last Name		Suffix		
Malcolm			NMI	Leichter		Jr		
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address				Address				
62 Wellswood Rd			PO Box 1390					
City		State	Zip Code	City	State	Zip Code		
Amston		СТ	06231	Hebron	СТ	06248		
19. TREASURER TELEPHON	20. TREASURER EMAIL ADDRESS							
(Include Area Code)								
860 228 0601 Mal.Leichter@cc			ichter@con	ncast.net				
21. DEPUTY TREASURER NA	AME					1		
First Name			MI	Last Name		Suffix		
Claudia			R Natorski					
22. DEPUTY TREASURER RESIDENCE ADDRESS 23. D				23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If different	t)		
Street Address				Address				
90 Blackman Rd								
City		State	Zip Code	City	State	Zip Code		
Hebron		СТ	06248					
24. DEPUTY TREASURER TI	ELEPHONE 25. DEPUTY TREASU			URER EMAIL ADDRESS				
(Include Area Code)								
860 228 9742 corgigold1@comcast.net								
26. DEPOSITORY INSTITUT	ION NAME							
Liberty Bank								
27. DEPOSITORY INSTITUTION ADDRESS								
Address								
2 West High Street, East Hampton, CT 06424								

SEEC FORM 1A Revised September 2016 Page 3 of 4

REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendment	Tiffany V Thiele	
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.

Tiffany V Thiele	03/01/2018
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.

Malcolm NMI Leichter Jr	03/01/2018
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.

Claudia R Natorski	03/01/2018
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/yyyy)

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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				
12. REASON FOR EXEMP	TION FROM FORMING A CANDIDATE COMMITTEE			
I hereby cer	ify that I am exempt from forming a candidate committee because (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 the solely being and be reported by the committee sponsoring my candidacy. The name of this spinsor expension mittee is:				
	OR			
contributions fro thousand dollars	g my campaign entirely from my own verse al fun is and will not request or receive in other individuals or committees and I to terstation of if I make expenditures exceeding one (\$1,000) that I shall be reconstant for filing financial disclosure statements (SEEC Form 23) same schedule and in the campaigneer 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)			