SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY					
			(If applicable)					
✓ Initial Amendment								
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
					(If applicable)			
State Senator					004			
5. PARTY AFFILIATION								
✓ Republican	Democratic	Oth	ner <i>(Speci</i>	fy)				
6. CANDIDATE NAME								
First Name		MI		Last Name			Suffix	
Mark				Tweedie				
7. CANDIDATE RESIDENCE	E ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
107 Steep Hollow Ln								
City	S	tate Zip C		City	State	e	Zip Code	
Manchester		СТ	040					
9. CANDIDATE TELEPHON	E 1	10. CANDID	ATE EM	ATE EMAIL ADDRESS				
(Include Area Code)								
860 930	9243	marktweed	diect@g	@gmail.com				
11. DESIGNATION OF CAM	PAIGN FUNDING S	OURCE						
(Check one)								
✓ A. I am forming a candidate committee and I am required to file a Candidate Committee								
Registration Statement.								
<i>Go to</i> Form 1A <i>and complete</i> pages 2 and 3 — <i>Candidate Registration Statement.</i>								
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.								

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.

See Section 9-623(b), Connecticut General Statutes.

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement



Revised September 2016

REGISTRATION TYPE	CANDIDATE NA	ME						
✓ Initial Amendment	Amendment Mark Tweedie							
12. COMMITTEE NAME								
Tweedie For CT								
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	/EBSITE			
Address				Email Address				
22 Packard St				msgalligan@yahoo.com				
City		State	Zip Code	Website				
Manchester		СТ	06040					
16. TREASURER NAME								
First Name			MI	Last Name Suffix				
Matthew			S	Galligan				
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different	t)			
Street Address				Address				
22 Packard St								
City		State	Zip Code	City	State	Zip Code		
Manchester C ⁻		СТ	06040					
19. TREASURER TELEPHON	1E	20. TRI	EASURER E	MAIL ADDRESS				
(Include Area Code)								
860 649 3132 MSGalligan@yahoo.com			noo.com					
21. DEPUTY TREASURER NA	AME							
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 TELEPHONE 25. DEPU		L PUTY TREA	SURER EMAIL ADDRESS	1				
(Include Area Code)		-						
26. DEPOSITORY INSTITUT	ION NAME							
Webster Bank								
27. DEPOSITORY INSTITUTION ADDRESS								
Address	Address							
185 Asylum Street, Hartford, CT 06103								
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SEEC FORM 1A Revised September 2016

REGISTRA	FION TYPE	CANDIDATE NAME
🖌 Initial	Amendment	Mark Tweedie

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.

Mark Tweedie	03/15/2018
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.

Matthew S Galligan	03/15/2018
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	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 and the committee sponsoring my candidacy. The name of this sponsor committee 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)				