SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	TION TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY			
✓ Initial Amendment	Nav. 0040			(If applicable)			
	Nov 2018						
3. OFFICE OR POSITION SOUGHT						ICT NUM	BER
					(If applicable	?)	
State Representative				026			
5. PARTY AFFILIATION							
✓ Republican Democratic Other (Specify)							
Серионеан	Republican Democratic Other (Specify)						
6. CANDIDATE NAME							
First Name			MI	Last Name Su			Suffix
Tremell	J			Collins			Jr
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)			
Street Address			Address				
134 Governor St							
City		1 *		City		State	Zip Code
New Britain		СТ	06053				
9. CANDIDATE TELEPHONE 10. CANDIDAT			DIDATE EM	IAIL ADDRESS			
(Include Area Code)							
860 839	4102	TremellCollins@gmail.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 NA	EGISTRATION TYPE CANDIDATE NAME				
✓ Initial I Amendment Tremell J Collin	Fremell J Collins Jr				
12. COMMITTEE NAME					
Collins for the 26th					
13. COMMITTEE ADDRESS 4. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address			Email Address		
110 Brook St			tremellcollins@gmail.com		
		Zip Code	Website		
		06051			
16. TREASURER NAME					
First Name		MI	Last Name Suffix		Suffix
Anthony		Α	Cane		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
110 Brook St					
City	State	Zip Code	City	State	Zip Code
New Britain	СТ	06051			
19. TREASURER TELEPHONE 20. TREASURER EM			AAIL ADDRESS		
(Include Area Code)					
860 983 4295 bigtcane@comcast.net			st.net		
21. DEPUTY TREASURER NAME					T
First Name MI		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. DEPUTY TREASURER EMAIL ADDRESS				
(Include Area Code)					
26. DEPOSITORY INSTITUTION NAME					
Farmington Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address 1101 Formington Avenue, Perlin, CT 06027					
1191 Farmington Avenue, Berlin, CT 06037					

DEPUTY TREASURER SIGNATURE

nn gramm	G. Maria					
REGISTRATION TYPE	CANDIDATE NAME					
✓ Initial Amendme	itial Amendment Tremell J Collins Jr					
8. CERTIFICATION						
committee registre this statement inc	ration statement are true and a ludes my certification to the er have indicated to me their a	lse statement, that all of the designations set forth in this candidate accurate 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. 03/19/2018				
CANDIDATE SIGNATUR	RE	DATE (mm/dd/yyyy)				
requirements as c limitations or rest I certify that I hav I certify that I hav jurisdiction, any (under Title 9 of the	ontained in Chapter 155 throunderictions concerning campaign we paid any civil penalties or the not been convicted of or place. A) felony involving fraud, for the General Statues, or that at	comply with all the campaign finance registration and disclosure ugh 157 of the General Statutes, and to abide by any prohibitions, a contributions and expenditures. forfeitures assessed pursuant to Chapters 155 to 157, inclusive. ed guilty or nolo contendere to, in a court of competent orgery, 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				
I certify that I am Commission.		erving as a treasurer by order of the State Elections Enforcement				
Anthony A Cane		03/29/2018				
TREASURER SIGNATUR	RE	DATE (mm/dd/yyyy)				
candidate to serve and accept that, in automatically bec that I am an elect disclosure require	e as the candidate's designate in the event of a vacancy cause come responsible for discharg or in the State of Connecticut ements as contained in Chapte	lse 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 ning campaign contributions and expenditures.				
I certify that I have	ve paid any civil penalties or	forfeitures assessed pursuant to Chapters 155 to 157, inclusive.				
jurisdiction, any (under Title 9 of the	(A) felony involving fraud, for ne General Statues, or that at etion of any sentence, which	ed guilty or nolo contendere to, in a court of competent orgery, 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				

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	N FOR EXEMPTION	ON FROM FORMING A CANDIDATE COMMITTEE				
	I hereby certify that I am exempt from forming a candidate committee becaus (CHECK ONE)					
poli	A. I am one of a slate of candidates whose campaigns are being funded solely was town 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 countries:					
		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)				