SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



		VT~COM							
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)			2. M	2. MUNICIPALITY				
✓ Initial Amendment				(If app	(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER				
State Representative						(If applicable) 059			
5. PARTY AFFILIATION									
Republican V Democratic Other (Specify)									
6. CANDIDATE NAME									
First Name			MI	Last N	lame				Suffix
Anthony			DiP	DiPace					
7. CANDIDATE RESIDENCE ADDRESS				8. C	8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Addre	Address					
18 Kimberly Dr									
City		State	Zip Code	City				State	Zip Code
Enfield		СТ	06082						
9. CANDIDATE TELEPHONE 10. CANDI			DIDATE I	TE EMAIL ADDRESS					
(Include Area Code)									

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

9843

729

(Check one)

860

✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

Hazardmtrs@sbcglobal.net

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 Anthony M DiPace							
12. COMMITTEE NAME							
DiPace 2018							
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address			Email Address				
18 Kimberly Dr	_						
City	State Zip Code 06082		Website				
Enfield							
16. TREASURER NAME	16. TREASURER NAME						
First Name		MI	Last Name Suffix				
Kenneth		J	Hilinski				
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address			Address				
11 Beverly St							
City	State	Zip Code	City	State	Zip Code		
Enfield	CT 06082						
19. TREASURER TELEPHONE 20. TREASURER E			MAIL ADDRESS				
(Include Area Code)							
860 604 6870 treasdipace2018@			②yahoo.com				
21. DEPUTY TREASURER NAME		T. a	Ir ar		La ar		
First Name		MI	Last Name		Suffix		
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)				
Street Address			Address	(3 33	,		
City	State	Zip Code	City	State	Zip Code		
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER			SURER EMAIL ADDRESS				
(Include Area Code)							
26. DEPOSITORY INSTITUTION NAME							
Webster Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
50 Freshwater Boulevard, Enfield, CT 06082							
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REGISTRATION TYPE	CANDIDATE NAME	
/ Initial Amendment	Anthony M DiPace	
B. CERTIFICATION		
committee registration this statement include	on statement are true and accurates my certification to the fact the	tatement, that all of the designations set forth in this candidate rate to the best of my knowledge and belief, and further, that that any individual designated herein to serve as my treasurer otance of my appointment of them to those positions.
Anthony M DiPace		04/13/2018
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State or requirements as conflimitations or restrict. I certify that I have pure I certify that I have pure jurisdiction, any (A) under Title 9 of the oplea or the completion another such felony.	s the candidate's designated treat of Connecticut. I intend to compare the connecticut. I intend to compare the concerning campaign control of the concerning campaign control of the convicted o	tatement, that I have accepted my appointment by the asurer of this candidate committee. I certify that I am an ply with all the campaign finance registration and disclosure 157 of the General Statutes, and to abide by any prohibitions, atributions and expenditures. itures assessed pursuant to Chapters 155 to 157, inclusive. uilty or nolo contendere to, in a court of competent y, larceny, embezzlement or bribery, or (B) criminal offense eight years have elapsed from the date of the conviction or date is later, without a subsequent conviction of or plea to
Commission.	t outerwise barred from serving	•
Kenneth J Hilinski		04/13/2018
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as and accept that, in the automatically become that I am an elector in disclosure requirement	s the candidate's designated dep ne event of a vacancy caused by ne responsible for discharging a on the State of Connecticut. I in tents as contained in Chapter 155	tatement, that I have accepted my appointment by the puty treasurer of this candidate committee, and I understand to the treasurer's death, incapacity or resignation, I shall all of the duties required of the vacating treasurer. I certify intend to comply with all the campaign finance registration and 5 through 157 of the General Statutes, and to abide by any campaign contributions and expenditures.
I certify that I have p	oaid any civil penalties or forfei	itures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the (felony involving fraud, forgery General Statues, or that at least on of any sentence, whichever of	uilty or nolo contendere to, in a court of competent y, larceny, embezzlement or bribery, or (B) criminal offense eight years have elapsed from the date of the conviction or date is later, without a subsequent conviction of or plea to
which such relating		
Ž		g as a deputy treasurer by order of the State Elections



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 because (CHECK ONE)					
poli	itical committee	ate of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expendit to the decomposition of the sponsoring my candidacy. The name of this sponsor countries 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)				