SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



							<u></u>
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY			
				(If applicable)			
Initial	Nov 2018						
3. OFFICE OR POSITION S	OUGHT			4. DISTRICT NUMBER			
					(If applicable	e)	
State Senator					013		
5. PARTY AFFILIATION							
✓ Republican Democratic Other (Specify)							
Tespasional Samorate State (specify)							
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Len				Suzio			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address				
35 Lydale PI							
City		State	Zip Code	City		State	Zip Code
Meriden		CT	06450				
9. CANDIDATE TELEPHONE 10. CA		10. CAN	10. CANDIDATE EMAIL ADDRESS				
(Include Area Code)							
203 530	1544	LenSu	zio@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	REGISTRATION TYPE CANDIDATE NAME						
Initial	Len Suzio						
12. COMMITTEE NAME							
Len Suzio for Senate							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address				Email Address			
35 Lydale Pl							
City		State Zip Code O6450		Website			
Meriden							
16. TREASURER NAME							
First Name			MI	Last Name	Last Name Suffix		
David				White			
17. TREASURER RESIDENCE	ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
10 Saint Andrews St Unit 1				15 Commerce Cir			
City		State	Zip Code	City	State	Zip Code	
Wallingford		СТ	06492	Durham	СТ	06422	
D. TREASURER TELEPHONE 20. TREASURER EMAIL ADDRESS							
(Include Area Code)							
203 464 6478	203 464 6478 dhwhite@mailfend			ce.com			
21. DEPUTY TREASURER NA	ME						
First Name			MI			Suffix	
Joshua		M	Broekstra				
22. DEPUTY TREASURER RE	SIDENCE ADDR	ESS		23. DEPUTY TREASURER MAILING ADDRES	SS (If differe	ent)	
Street Address				Address			
101 Frary Ave				1396 N Colony Rd # 3A			
City		State	Zip Code	City	State	Zip Code	
Meriden		СТ	06450	Meriden	СТ	06450	
24. DEPUTY TREASURER TE	LEPHONE	25. DEP	UTY TREAS	URER EMAIL ADDRESS	•	•	
(Include Area Code)							
203 213 8984	213 8984 JoshBroekstra@yahoo.com						
26. DEPOSITORY INSTITUTION NAME							
Ion Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
1231 East Main Street, Meriden, CT 06450							

SEEC FORM 1A Revised September 2016

DEPUTY TREASURER SIGNATURE

Revised September 2016		
REGISTRATION TYPE	CANDIDATE NAME	
Initial	Len Suzio	
28. CERTIFICATION		
committee registration this statement include or deputy treasurer h	on statement are true and ac les my certification to the fa	se statement, that all of the designations set forth in this candidate curate to the best of my knowledge and belief, and further, that act that any individual designated herein to serve as my treasurer exceptance of my appointment of them to those positions.
Len Suzio		07/18/2018
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State o requirements as cont limitations or restrict I certify that I have pure I certify that I have rejurisdiction, any (A) under Title 9 of the Control of the Co	the candidate's designated f Connecticut. I intend to cained in Chapter 155 throughtions concerning campaign of the cained any civil penalties or for the convicted of or please felony involving fraud, forgoeneral Statues, or that at lease on of any sentence, whichever	se statement, that I have accepted my appointment by the treasurer of this candidate committee. I certify that I am an omply with all the campaign finance registration and disclosure gh 157 of the General Statutes, and to abide by any prohibitions, contributions and expenditures. The feitures assessed pursuant to Chapters 155 to 157, inclusive. The discreption of contenders to, in a court of competent gery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or yer date is later, without a subsequent conviction of or plea to
•		ving as a treasurer by order of the State Elections Enforcement
David White		08/28/2019
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as and accept that, in th automatically become that I am an elector in disclosure requirement prohibitions, limitati	the candidate's designated e event of a vacancy caused the responsible for discharging in the State of Connecticut. Ents as contained in Chapter ons or restrictions concerning	se statement, that I have accepted my appointment by the deputy treasurer of this candidate committee, and I understand by the treasurer's death, incapacity or resignation, I shall ag all of the duties required of the vacating treasurer. I certify I intend to comply with all the campaign finance registration and 155 through 157 of the General Statutes, and to abide by anying campaign contributions and expenditures.
recitify that I have p	and any civil penamics of 10	ricitares assessed parsuant to Chapters 133 to 137, metasive.
jurisdiction, any (A) under Title 9 of the (felony involving fraud, forg General Statues, or that at le on of any sentence, whichev	d guilty or nolo contendere to, in a court of competent gery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or yer date is later, without a subsequent conviction of or plea to
I certify that I am no Enforcement Comm		ving as a deputy treasurer by order of the State Elections
Joshua M Broekstra		07/18/2018

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 because (CHECK ONE)					
poli	A. I am one of a slate of candidates whose campaigns are being funded solely we a town committee or a political committee formed for a single election or primary and expendit to the decomposition of the property of the committee sponsoring my candidacy. The name of this spaces of 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)				