SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



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REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)		2. MUNICIPALITY					
				(If applicable)			
✓ Initial Amendment	Nov 2018						
3. OFFICE OR POSITION S	OUGHT				4. DISTR	ICT NUM	IBER
					(If applicable	2)	
State Senator	State Senator				013		
5. PARTY AFFILIATION							
Republican • Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name	MI		MI	Last Name Suffi			Suffix
Jon	A			Tiktinsky			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)			
Street Address			Address				
29 Gale Ave FI 1							
City		State	Zip Code	City		State	Zip Code
Meriden		СТ	06450				
9. CANDIDATE TELEPHONE		10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
203 522	3308	alex@alexforct.com					
11. DESIGNATION OF CAM	IPAIGN 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 NAME					
✓ Initial I Amendment Jon A Tiktinsky	nendment Jon A Tiktinsky				
12. COMMITTEE NAME					
Alex for CT					
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE	
Address			Email Address		
29 Gale Ave Fl 1			team@alexforct.com		
City	State	Zip Code 06450	Website		
Meriden	СТ	00430	alexforct.com		
16. TREASURER NAME	•				
First Name		MI	Last Name		Suffix
Dianna			Kulmacz		
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different	9)	
Street Address			Address		
134 Brault Hill Rd					
City	State	Zip Code	City	State	Zip Code
Higganum	СТ	06441			
19. TREASURER TELEPHONE 20. TREASURER EM			MAIL ADDRESS		
(Include Area Code)					
860 301 2492					
21. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If different)
Street Address Address			Address		
City	State	Zip Code	City	State	Zip Code
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASU			SURER EMAIL ADDRESS		
(Include Area Code)					
26. DEPOSITORY INSTITUTION NAME					
People's United Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address OT 00450					
485 Broad St, Meriden, CT 06450				•	

REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendm	ent Jon A Tiktinsky	
28. CERTIFICATION		
committee regist this statement in	ration statement are true and cludes my certification to the	false statement, that all of the designations set forth in this candidate d accurate to the best of my knowledge and belief, and further, that he fact that any individual designated herein to serve as my treasurer in acceptance of my appointment of them to those positions.
Jon A Tiktinsky		05/21/2018
CANDIDATE SIGNATU	JRE	DATE (mm/dd/yyyy)
candidate to serve elector in the Starequirements as limitations or result and I certify that I has jurisdiction, any under Title 9 of plea or the companother such felo	re as the candidate's designate of Connecticut. I intendent contained in Chapter 155 the strictions concerning campais we paid any civil penalties of the converse of the General Statues, or that a letion of any sentence, which can or offense.	false statement, that I have accepted my appointment by the sted treasurer of this candidate committee. I certify that I am an to comply with all the campaign finance registration and disclosure rough 157 of the General Statutes, and to abide by any prohibitions, ign contributions and expenditures. or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. pled guilty or nolo contendere to, in a court of competent forgery, larceny, embezzlement or bribery, or (B) criminal offense at least eight years have elapsed from the date of the conviction or chever date is later, without a subsequent conviction of or plea to serving as a treasurer by order of the State Elections Enforcement
Commission.		
Dianna Kulmacz		05/21/2018
TREASURER SIGNATU	IKE .	DATE (mm/dd/yyyy)
candidate to serve and accept that, automatically be that I am an elec- disclosure require	re as the candidate's designation the event of a vacancy can come responsible for dischator in the State of Connecticular ements as contained in Chapter 1982 (1992).	false statement, that I have accepted my appointment by the sted deputy treasurer of this candidate committee, and I understand used by the treasurer's death, incapacity or resignation, I shall arging all of the duties required of the vacating treasurer. I certify that. I intend to comply with all the campaign finance registration and opter 155 through 157 of the General Statutes, and to abide by any terning campaign contributions and expenditures.
I certify that I ha	ve paid any civil penalties o	or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any under Title 9 of	(A) felony involving fraud, the General Statues, or that a letion of any sentence, which	pled guilty or nolo contendere to, in a court of competent forgery, larceny, embezzlement or bribery, or (B) criminal offense at least eight years have elapsed from the date of the conviction or chever date is later, without a subsequent conviction of or plea to
I certify that I an Enforcement Co		serving as a deputy treasurer by order of the State Elections
DEPUTY TREASURER	SIGNATURE	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 we a town committee or a political committee formed for a single election or primary and expendit and decomplete and be reported by the committee sponsoring my candidacy. The name of this space committee is:					
		OR				
con thou	tributions from cusand dollars (\$	ny campaign entirely from my own erstand funds and will not request or receive other individuals or committees and I to derstand a if I make expenditures exceeding one 1,000) that I shall be reconstant for filing francial disclosure statements (SEEC Form 23) me schedule and in the tank manner as record of treasurers of candidate committees.				
C.	I do not intend	to receive experience 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 se, for the reason checked above, is true, accurate and complete to the best of my ef.				
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)				