SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)		ייייי)	2. MUNICIPALITY					
				(If applicable)				
✓ Initial Amendment	Nov 2018							
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
					(If applicable	?)		
State Representative					026			
5. PARTY AFFILIATION	5. PARTY AFFILIATION							
Republican V Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name MI			MI	Last Name Suffix				
Peter				Tercyak				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
150 Belridge Rd								
City State		Zip Code	City		State	Zip Code		
New Britain		CT	06053					
9. CANDIDATE TELEPHONE 10. CANDIDAT		DIDATE EM	IAIL ADDRESS					
(Include Area Code)								
tercyak26@		k26@gmail	nail.com					
11 DECICNATION OF CAM	IDALCNI ELINIDINICA							

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	EGISTRATION TYPE CANDIDATE NAME						
✓ Initial Amendment	Peter Tercyak						
12. COMMITTEE NAME							
Tercyak 2018							
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address				Email Address			
150 Belridge Rd							
City	State Zip Code 06053		Zip Code 06053	Website			
New Britain		CT					
16. TREASURER NAME							
First Name			MI	Last Name		Suffix	
Dianna	ianna		Kulmacz				
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
134 Brault Hill Rd							
City		State	Zip Code	City	State	Zip Code	
Higganum		СТ	06441				
19. TREASURER TELEPHON	E	20. TRE	ASURER EN	MAIL ADDRESS			
(Include Area Code)							
21. DEPUTY TREASURER NA	ME						
First Name			MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If different,)		
Street Address			Address				
City		State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TE	LEPHONE	25. DEP	L UTY TREAS	URER EMAIL ADDRESS			
(Include Area Code)							
26. DEPOSITORY INSTITUTI	ON NAME						
Webster Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
665 W Main St, New Britain, CT 06053							
				· ·	•		

REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendment	Peter Tercyak	
8. CERTIFICATION		
committee registration this statement include	state, under penalties of false statement, that all of the designations set forth is on statement are true and accurate to the best of my knowledge and belief, and les my certification to the fact that any individual designated herein to serve a lave indicated to me their acceptance of my appointment of them to those posterior	d further, that as my treasurer
Peter Tercyak	06/26/2018	
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)	
candidate to serve as elector in the State of requirements as conta limitations or restrict I certify that I have p I certify that I have n jurisdiction, any (A) under Title 9 of the C	state, under penalties of false statement, that I have accepted my appointment the candidate's designated treasurer of this candidate committee. I certify the Connecticut. I intend to comply with all the campaign finance registration a ained in Chapter 155 through 157 of the General Statutes, and to abide by antions concerning campaign contributions and expenditures. The penalties or forfeitures assessed pursuant to Chapters 155 to 157 and been convicted of or pled guilty or nolo contendere to, in a court of compensations involving fraud, forgery, larceny, embezzlement or bribery, or (B) cribbeneral Statues, or that at least eight years have elapsed from the date of the control of any sentence, whichever date is later, without a subsequent conviction of or offense.	nat I am an and disclosure y prohibitions, 7, inclusive. etent minal offense conviction or
Commission.	t otherwise barred from serving as a treasurer by order of the State Elections	Enforcement
Dianna Kulmacz	06/26/2018	
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	state, under penalties of false statement, that I have accepted my appointment the candidate's designated deputy treasurer of this candidate committee, and e event of a vacancy caused by the treasurer's death, incapacity or resignation the responsible for discharging all of the duties required of the vacating treasurent the State of Connecticut. I intend to comply with all the campaign finance ents as contained in Chapter 155 through 157 of the General Statutes, and to a cons or restrictions concerning campaign contributions and expenditures.	I I understand n, I shall rer. I certify registration and
I certify that I have p	paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157	7, inclusive.
jurisdiction, any (A) under Title 9 of the C	not been convicted of or pled guilty or nolo contendere to, in a court of compete felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) cri General Statues, or that at least eight years have elapsed from the date of the con of any sentence, whichever date is later, without a subsequent conviction or offense.	minal offense conviction or
	4 of the circulation of Community and the first terms and the Color Colo	.•
I certify that I am not Enforcement Commi	t otherwise barred from serving as a deputy treasurer by order of the State Eleission.	ections



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	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 expenditure and decomy behavioral be amittee 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)