SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



Page 1 of 4

REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)		2. MUNICIPALITY					
✓ Initial Amendment				(If applicable)			
3. OFFICE OR POSITION S	SOUGHT				4. DISTR	RICT NUM	IBER
State Representative					(If applicable 120	e)	
5. PARTY AFFILIATION							
Republican	- Democratic	V	Other (Speci	(fy) Green Party			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Michael			G	Sivak			
7. CANDIDATE RESIDENC	CE ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)		
Street Address				Address			
115 Timber Rdg							
City		State	Zip Code	City		State	Zip Code
Stratford		СТ	06614				
9. CANDIDATE TELEPHO	NE	10. CAN	DIDATE EM	IAIL ADDRESS			
(Include Area Code)							
203 402	8741	Vote.	Sivak@gam	il.com			
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE							
(Check one)							
A Lam form	ing a candidate	commi	ttee and I	am required to file a Candidate	• Comm	ittee	
	n Statement.	Commi			. Comm		
-							
Go to Form	1A and complete	pages 2	and 3 — Co	andidate Registration Statement.			
	pt from forming ng a Candidate C			mittee and I am filing a Certifi	cation c	ofExem	ption
Go to Form	1B and complete	page 4 -	— Certificat	ion of Exemption from Forming a C	'andidate	e Commit	tee.
of Candidate Co	mmittee," <i>or</i> Forn oming a candidat	n 1B "E e will sı	Exemption f	e this page <i>together with</i> either Fo From Forming a Candidate Comm andidate to a mandatory \$100 late nnecticut General Statutes.	ittee," w	vithin 10	

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

REGISTRA	ATION TYPE	CANDIDATE NAME					
🗖 Initial	☐ Amendment						
12. COMM	TTEE NAME						
13. COMM	TTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS &	WEBSITE	2
Address					Email Address		
City			State	Zip Code	Website		
16. TREASU	JRER NAME						
First Name				MI	Last Name		Suffix
17. TREASU	URER RESIDENC	E ADDRESS				rent)	
Street Address					Address		
City			State	Zip Code	City		Zip Code
19. TREASU	URER TELEPHON	(E	20. TRI	EASURER EN	AAIL ADDRESS		
(Include Area Co	ode)						
	Y TREASURER NA	AME		`			
First Name				MI	Last N		Suffix
	Y TREASURER RI	ESIDENCE ADDR	ESS		3. DF U TREASURER MAILING ADDRI	ESS (If differe	ent)
Street Address				X			
City			Stat	Zip Code	City	State	Zip Code
24. DEPUTY	Y TREASUR	EPHONE	25. h. At	UTY TREAS	URER EMAIL ADDRESS		
(Include Area Co	ode)						
26. DEPOSI	A PY VIITUA	N NAME					
27. DEPOS	A WA TUT	ION ADDRESS					
Address					City	State	Zip Code

SEEC FORM 1A Revised September 2016

REGISTR	ATION TYPE	CANDIDATE NAME
Initial	Amendment	
28. CERTII	FICATION	
com	mittee registratio	state, under penalties of false statement, that all of the designations set forth in this candidate on statement are true and accurate to the best of my knowledge and belief, and further, that es my certification to the fact that any individual designated herein to serve as my treasurer
		ave indicated to me their acceptance of my appointment of them to the sitions.
CANI	DIDATE SIGNATURE	DATE (mm/Thyyyy)
Freasurer		
cand elect requ limit I cer J cer juris unde plea	lidate to serve as tor in the State of irements as cont tations or restrict tify that I have p tify that I have n diction, any (A) er Title 9 of the C	on of any sentence which ever ate is later, without a subsequent conviction of or plea to
I cer	tify that I am not mission.	
TREA	ASURER S ATU	DATE (mm/dd/yyyy)
autor that discl proh	ac of a contract of the math ly become I am an elector in losure requirement ibitions, limitation	, under penalties of false statement, that I have accepted my appointment by the candidate's designated deputy treasurer of this candidate committee, and I understand e event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall e responsible for discharging all of the duties required of the vacating treasurer. I certify in the State of Connecticut. I intend to comply with all the campaign finance registration and ints as contained in Chapter 155 through 157 of the General Statutes, and to abide by any cons or restrictions concerning campaign contributions and expenditures.
I cer juris	tify that I have n diction, any (A)	ot been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense General Statues, or that at least eight years have elapsed from the date of the conviction or

jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

THIS PAGE INTENTIONALLY LEFT BLANK

SEEC FORM 1B STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee Revised September 2016



EGISTR	ATION TYPE	CANDIDATE NAME	
Initial	Amendment	Michael G Sivak	
REASO	N FOR EXEMPTIO	ON FROM FORMING A CANDIDATE C	OMMITTEE
]	hereby certify	that I am exempt from forming	g a candidate committee because: (CHECK ONE)
poli	tical committee	formed for a single election or pr	igns are being funded solely by a town committee or a imary and expenditures made on my behalf will be The name of this sponsoring committee is:
		0	DR
cont thou	tributions from sand dollars (\$	other individuals or committees at 1,000) that I shall be responsible f	wn personal funds and will not request or receive nd I understand that if I make expenditures exceeding on for filing financial disclosure statements (SEEC Form 23) her as required of treasurers of candidate committees.
		0	DR
C. 1	I do not intend	to receive or expend funds in ex	xcess of one thousand dollars (\$1,000).
		0	DR
D.	I do not intend	to receive or expend any funds,	, including personal funds, for this campaign.
CEDTU	FICATION		
CERII	FICATION		
cano		e, for the reason checked above, i	tement, that this statement of exemption from forming a s true, accurate and complete to the best of my
	linhand C. Civali		06/23/2018
	lichael G Sivak		