

# 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			
<input checked="" type="checkbox"/> Initial   <input type="checkbox"/> Amendment		Nov 5, 2024		(If applicable)			
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER			
State Representative				(If applicable) 107			
5. PARTY AFFILIATION							
Republican <input checked="" type="checkbox"/> Democratic    Other (Specify) _____							
6. CANDIDATE NAME							
First Name		MI	Last Name		Suffix		
Aaron		W	Zimmer				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address				
50 Obtuse Hill Rd							
City	State	Zip Code	City	State	Zip Code		
Brookfield	CT	06804					
9. CANDIDATE TELEPHONE		10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
917      859      8253		Aaron@aaronzimmerct.com					
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE							
<b>(Check one)</b>							
<input checked="" type="checkbox"/> <b>A.</b> I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.							
<i>Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.</i>							
<input type="checkbox"/> <b>B.</b> I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.							
<i>Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.</i>							
<b>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.</b>							
<i>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.</i>							

# SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

## Candidate Committee Registration Statement

Revised September 2016



<b>REGISTRATION TYPE</b>		<b>CANDIDATE NAME</b>			
<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	Aaron W Zimmer			
<b>12. COMMITTEE NAME</b>					
Zimmer for CT					
<b>13. COMMITTEE ADDRESS</b>			<b>14. &amp; 15. COMMITTEE EMAIL ADDRESS &amp; WEBSITE</b>		
Address 50 Obtuse Hill Rd			Email Address aaron@aaronzimmerct.com		
City Brookfield	State CT	Zip Code 06804	Website https://aaronzimmerct.com/		
<b>16. TREASURER NAME</b>					
First Name Mary		MI V	Last Name Cappiello		Suffix
<b>17. TREASURER RESIDENCE ADDRESS</b>			<b>18. TREASURER MAILING ADDRESS (If different)</b>		
Street Address 135 Candlewood Lake Rd			Address		
City Brookfield	State CT	Zip Code 06804	City	State	Zip Code
<b>19. TREASURER TELEPHONE</b>		<b>20. TREASURER EMAIL ADDRESS</b>			
(Include Area Code) 203 885 6536		mmvcappiello@gmail.com			
<b>21. DEPUTY TREASURER NAME</b>					
First Name Elaine		MI	Last Name Tomanio		Suffix
<b>22. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>23. DEPUTY TREASURER MAILING ADDRESS (If different)</b>		
Street Address 14 Stony Brook Rd			Address		
City Brookfield	State CT	Zip Code 06804	City	State	Zip Code
<b>24. DEPUTY TREASURER TELEPHONE</b>		<b>25. DEPUTY TREASURER EMAIL ADDRESS</b>			
(Include Area Code)		tomanioelaine@gmail.com			
<b>26. DEPOSITORY INSTITUTION NAME</b>					
Savings Bank of Danbury					
<b>27. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 154 Federal Road					



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# SEEC FORM 1B

## STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee

Revised September 2016



REGISTRATION TYPE	CANDIDATE NAME
<input type="checkbox"/> Initial <input type="checkbox"/> Amendment	

### 12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE

I hereby certify that I am exempt from forming a candidate committee because (CHECK ONE)

A. I am one of a slate of candidates whose campaigns are being funded solely by a town committee or a political committee formed for a single election or primary and expenditures made on my behalf will be reported by the committee sponsoring my candidacy. The name of this sponsoring committee is:

OR

B. I am funding my campaign entirely from my own personal funds and will not request or receive contributions from other individuals or committees and I understand that if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be responsible for filing financial disclosure statements (SEEC Form 23) according to the same schedule and in the same manner as required of treasurers of candidate committees.

OR

C. I do not intend to receive or expend funds in excess of one thousand dollars (\$1,000).

OR

D. I do not intend to receive or expend any funds, including personal funds, for this campaign.

### 13. CERTIFICATION

I hereby certify and state, under penalties of false statement, that this statement of exemption from forming a candidate committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
CANDIDATE SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)