

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised January 2014



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REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)	2. OFFICE OR POSITION SOUGHT	3. DISTRICT NUMBER (If applicable)
☒ Initial ☐ Amendment	Nov 2014	State Representative	019
4. PARTY AFFILIATION			
☒ Republican ☐ Democratic ☐ Other (Specify) _____			
5. CANDIDATE NAME			
First Name Mark	MI A	Last Name Zydanowicz	Suffix
6. CANDIDATE RESIDENCE ADDRESS		7. CANDIDATE MAILING ADDRESS (If different)	
Street Address 50 Juniper Ln		Address	
City West Hartford	State CT	Zip Code 06117	City State Zip Code
8. CANDIDATE TELEPHONE		9. CANDIDATE EMAIL ADDRESS	
(Include Area Code) 860 709 4454		Mark.Zydanowicz@gmail.com	
10. 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. <i>Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.</i>			
☐ 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>			
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.			
<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

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REGISTRATION TYPE		CANDIDATE NAME			
☒ Initial	☐ Amendment	Mark A Zydanowicz			
11. COMMITTEE NAME					
Mark Z For CT					
12. COMMITTEE ADDRESS			13. & 14. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address 1 Longlane Rd			Email Address paul-travers@sbcglobal.net		
City West Hartford	State CT	Zip Code 06117	Website markzforct.com		
15. TREASURER NAME					
First Name Paul		MI F	Last Name Travers		Suffix
16. TREASURER RESIDENCE ADDRESS			17. TREASURER MAILING ADDRESS (If different)		
Street Address 1 Longlane Rd			Address		
City West Hartford	State CT	Zip Code 06117	City	State	Zip Code
18. TREASURER TELEPHONE		19. TREASURER EMAIL ADDRESS			
(Include Area Code) 860 372 7532		paul-travers@sbcglobal.net			
20. DEPUTY TREASURER NAME					
First Name Angelo		MI D	Last Name DiMatteo		Suffix
21. DEPUTY TREASURER RESIDENCE ADDRESS			22. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address 136 Pioneer Dr			Address		
City West Hartford	State CT	Zip Code 06117	City	State	Zip Code
23. DEPUTY TREASURER TELEPHONE		24. DEPUTY TREASURER EMAIL ADDRESS			
(Include Area Code) 860 212 8920		angelo@dinsb.com			
25. DEPOSITORY INSTITUTION NAME					
TD Bank					
26. DEPOSITORY INSTITUTION ADDRESS					
Address 319 North Main Street, West Hartford, CT 06117					

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SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION

Certification of Exemption From Forming a Candidate Committee

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REGISTRATION TYPE	CANDIDATE NAME
☐ Initial ☐ Amendment	
11. 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: _____	
<i>OR</i>	
☐ 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.	
<i>OR</i>	
☐ C. I do not intend to receive or expend funds in excess of one thousand dollars (\$1,000).	
<i>OR</i>	
☐ D. I do not intend to receive or expend any funds, including personal funds, for this campaign.	
12. 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)