

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



Received by SEEC

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REGISTRATION TYPE		1. ELECTION DATE (mm/dd/yyyy)		2. MUNICIPALITY	
✓ Initial Amendment		Nov 3, 2026		(If applicable)	
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER	
State Representative				(If applicable) 151	
5. PARTY AFFILIATION					
✓ Republican Democratic Other (Specify) _____					
6. CANDIDATE NAME					
First Name		MI	Last Name		Suffix
Michael			Mason		
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)		
Street Address			Address		
40 Ridge St					
City		State	Zip Code	City	Zip Code
Cos Cob		CT	06807		
9. CANDIDATE TELEPHONE			10. CANDIDATE EMAIL ADDRESS		
(Include Area Code)					
914 447 3772			michael@votemichaelmason.com		
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		CANDIDATE NAME			
<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	Michael Mason			
12. COMMITTEE NAME					
Elect Michael Mason 2026					
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address PO Box 151			Email Address contact@votemichaelmason.com		
City Cos Cob	State CT	Zip Code 06807	Website www.votemichaelmason.com		
16. TREASURER NAME					
First Name Nicole		MI	Last Name Wittenberg		Suffix
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address 2 Randolph Pl			Address		
City Cos Cob	State CT	Zip Code 06807	City	State	Zip Code
19. TREASURER TELEPHONE			20. TREASURER EMAIL ADDRESS		
(Include Area Code) 203 524 5087			treasurer@votemichaelmason.com		
21. DEPUTY TREASURER NAME					
First Name Paul		MI F	Last Name Stumpf		Suffix
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address 17 Cricklewood Ln			Address		
City Norwalk	State CT	Zip Code 06851	City	State	Zip Code
24. DEPUTY TREASURER TELEPHONE			25. DEPUTY TREASURER EMAIL ADDRESS		
(Include Area Code) 203 524 7999			deputytreasurer@votemichaelmason.com		
26. DEPOSITORY INSTITUTION NAME					
The First Bank Of Greenwich					
27. DEPOSITORY INSTITUTION ADDRESS					
Address 444 East Putnam Ave. Cos Cob, CT. 06807					

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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)