

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



Received by SEEC

05/30/2026 12:29 PM

Page 1 of 4

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) 098			
5. PARTY AFFILIATION							
☒ Republican ☐ Democratic ☐ Other (Specify) _____							
6. CANDIDATE NAME							
First Name		MI	Last Name		Suffix		
Carlyle		D	Ciccone				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address				
1064 Durham Rd							
City		State	Zip Code	City		State	Zip Code
Guilford		CT	06437				
9. CANDIDATE TELEPHONE			10. CANDIDATE EMAIL ADDRESS				
(Include Area Code)							
203 804 0064			CicconeFor98@gmail.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



Page 2 of 4

REGISTRATION TYPE		CANDIDATE NAME			
☒ Initial ☐ Amendment		Carlyle D Ciccone			
12. COMMITTEE NAME					
CicconeFor98					
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address 1064 Durham Rd			Email Address cicconeFor98@gmail.com		
City Guilford	State CT	Zip Code 06437	Website		
16. TREASURER NAME					
First Name Tim		MI	Last Name Donlan		Suffix
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address 153 Alden Dr			Address		
City Guilford	State CT	Zip Code 06437	City	State	Zip Code
19. TREASURER TELEPHONE		20. TREASURER EMAIL ADDRESS			
(Include Area Code)					
21. DEPUTY TREASURER NAME					
First Name Angela		MI	Last Name Pritchard		Suffix
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address 261 Foxwood Rd			Address		
City Guilford	State CT	Zip Code 06437	City	State	Zip Code
24. DEPUTY TREASURER TELEPHONE		25. DEPUTY TREASURER EMAIL ADDRESS			
(Include Area Code)					
26. DEPOSITORY INSTITUTION NAME					
Key Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address 1021 Boston Post Rd. Guilford, CT 06437					

REGISTRATION TYPE	CANDIDATE NAME
☒ Initial ☐ Amendment	Carlyle D Ciccone
28. CERTIFICATION	
Candidate I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions. <u>Carlyle D Ciccone</u> CANDIDATE SIGNATURE <u>05/30/2026</u> DATE (mm/dd/yyyy)	
Treasurer I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, 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 treasurer by order of the State Elections Enforcement Commission. <u>Tim Donlan</u> TREASURER SIGNATURE <u>05/30/2026</u> DATE (mm/dd/yyyy)	
Deputy Treasurer I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, 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. <u>Angela Pritchard</u> DEPUTY TREASURER SIGNATURE <u>05/30/2026</u> DATE (mm/dd/yyyy)	

THIS PAGE INTENTIONALLY LEFT BLANK

SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee Revised September 2016



Page 4 of 4

REGISTRATION TYPE	CANDIDATE NAME
☐ Initial ☐ 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: _____	
<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.	
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)