## **SEEC FORM 1**

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised January 2021

RECEIVED EAST HAVEN, CT.

2021 JUN 22 A 11: 28

Stacy Travens

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			<del></del>		
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)		2. MUNICIPALITY			
Sinitial		(If applicable)  EAST HALEN			
3. OFFICE OR POSITION SOUGHT			4. DISTRICT NUMBER		
MAYOR OF EAST HAVEN (If applicable)					
5. PARTY AFFILIATION			<u> </u>		
■ Republican	Other (Spec	cify)			
6. CANDIDATE NAME		7.			
First Name  SALVATORE	MI R	Last Name  MALTESE	Suffix		
7. CANDIDATE RESIDENCE ADDRESS	<del> </del>	8. CANDIDATE MAILING ADDRESS	(If different)		
Street Address  11 HOLLAND ROA	# P	11 HOLLAND RO			
EAST HAVEN	State   Zap Code	LAST HAVEN	State   Zip Code		
9. CANDIDATE TELEPHONE	10. CANDIDATE EN	MAIL ADDRESS	<del></del>		
(Include Area Code)  203 - 589- 4109 SALMANTESE & CONCAST. NET					
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





nn carrier - Lavester				
REGISTRATION TYPE CANDIDATE			<del></del>	
Binitial ☐ Amendment SALVA	tore	R	MALTESE	
12. COMMITTEE NAME				
MALTESE FOR	MAYOR			
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE	
Address			Email Address	
32 CLIFF STREET			RTP50EAOL. COM	
City	State Zip C	Code	Website	
EAST HAVEN CT 06512			MA	
16. TREASURER NAME	·			
First Name	MI		Last Name Suffix	
KICHARD	_ 7		POULTON	
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)	
Street Address  32 CLIFF STREET			32 CLIFF STREET	
City	State Zip C	Code	City State Zip Code	
EAST HAVEN	CT 06	5/2	EAST HAVEN CT 06512	
19. TREASURER TELEPHONE	<del></del>		IAIL ADDRESS	
(Include Area Code) 203-461-1864 RTP50CAOL. COM				
21. DEPUTY TREASURER NAME First Name	100		T	
REBEKAH	М		Last Name Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)	
Street Address Address				
1945 ROJE 80 City State Zip Code GUILFORD CT 06437			1.945 ROTE 80	
City	State Zip Co	ode	City State Zip Code	
GUILFORD	CT 06	137	GUILFORD OT 06437	
24. DEPUTY TREASURER TELEPHONE	25. DEPUTY	TREAS	URER EMAIL ADDRESS	
(Include Area Code)				
203-843-5385 SAMEDGARALEXE JAHOO. COM				
26. DEPOSITORY INSTITUTION NAME				
KEY BANK				
27. DEPOSITORY INSTITUTION ADDRESS				
245 MAIN SPREET EAST HOSEN CT OSSILE Zip Code				

DEPUTY TREASURER SIGNATURE

REGISTRA	TION TYPE	CANDIDATE NAME		_	
<del>                                     </del>	<del></del>			_	
Initial	☐ Amendment	SALVATORE	R	, (	MANTER
28. CERTIF	ICATION				
this s or de	nittee registration tatement includ	es my certification to the ave indicated to me their	accur fact t	rat tha	tement, that all of the designations set forth in this candidate to the best of my knowledge and belief, and further, that at any individual designated herein to serve as my treasurer ance of my appointment of them to those positions.  Ob-22-2021  DATE (mm/dd/yyyy)
electo requir limita	date to serve as in the State of the ments as contactions or restrict	the candidate's designate Connecticut. I intend to ained in Chapter 155 through concerning campaigns.	ed trea comp ugh 1 n com	ası ply 15' ıtri	tement, that I have accepted my appointment by the urer of this candidate committee. I certify that I am an y with all the campaign finance registration and disclosure 7 of the General Statutes, and to abide by any prohibitions, ibutions and expenditures.
I certi	fy that I have p	aid any civil penalties or	forfei	itu	res assessed pursuant to Chapters 155 to 157, inclusive.
under plea o	Title 9 of the G	telony involving fraud, fi seneral Statues, or that at n of any sentence, which	orgery least	y, l ei:	ty or nolo contendere to, in a court of competent larceny, embezzlement or bribery, or (B) criminal offense ght years have elapsed from the date of the conviction or te is later, without a subsequent conviction of or plea to
I certi Comn	fy that I am not	otherwise barred from s	erving	g a	as a treasurer by order of the State Elections Enforcement
	La Lis	Want			6/22/201
TREAS	JRER SIGNATURE	U CA			DATE (mm/dd/yyyy)
Deputy Treasurer	<del></del>		_		
candic and ac autom that I a disclos	late to serve as a cept that, in the atically become arm an elector in sure requiremen	the candidate's designated event of a vacancy caused expressible for discharged the State of Connecticute the as contained in Chapte	d depted by ing al	ut th ll c ter t th	ement, that I have accepted my appointment by the cy treasurer of this candidate committee, and I understand ne treasurer's death, incapacity or resignation, I shall of the duties required of the vacating treasurer. I certify and to comply with all the campaign finance registration and through 157 of the General Statutes, and to abide by any appaign contributions and expenditures.
I certit	y that I have pa	id any civil penalties or	forfeit	tur	res assessed pursuant to Chapters 155 to 157, inclusive.
jurisdi under plea oi	ction, any (A) for Title 9 of the Go	elony involving fraud, fo eneral Statues, or that at a of any sentence, whiche	rgery, least e	, la eig	by or nolo contendere to, in a court of competent arceny, embezzlement or bribery, or (B) criminal offense ght years have elapsed from the date of the conviction or e is later, without a subsequent conviction of or plea to
I certif Enforc	y that I am not ement Commis	otherwise barred from se sion.	rving	as	s a deputy treasurer by order of the State Elections

DATE (mm/dd/yyyy)

REGISTRATION TYPE	COMMITTEE NAME		
REGISTRATION TIPE	COMMITTEE NAME		
☐ Amendment	MALTESE P	FOR	MAJOR
24. CERTIFICATION continued			
Deputy Treasurer			
candidate to serve as the understand and accept to resignation, I shall auto treasurer. I certify that finance registration and Statutes, and to abide be expenditures.	e candidate's designa hat, in the event of a matically become res I am an elector in the disclosure requirement any prohibitions, lin	ted Dep vacancy sponsible State o ents as c mitation	atement, that I have accepted my appointment by the outy Treasurer of this exploratory committee, and I by caused by the treasurer's death, incapacity or e to discharge all of the duties required of the vacating of Connecticut. I intend to comply with all the campaign contained in Chapter 155 through 157 of the General as or restrictions concerning campaign contributions and
I certify that I have paid inclusive.	any civil penalties o	r forfeit	tures assessed pursuant to Chapters 155 to 157,
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 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 of Enforcement Commissi	herwise barred from s	serving	as a deputy treasurer by order of the State Elections
DEPUTY TREASURER SIGNATURE			DATE (mm/dd/yyyy)

Notice: 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.