RECEIVED EAST HAVEN, CT.

SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

Exploratory Committee Registration



2022 AUG 24 P 1: 32



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REGISTRA	TION TYPE	1. COMMUTEE N	AME							
• Initial	O Amendment	Carfora For Mayor	-							
z. Subtyp	E OF EXPLORA	TORY COMMITTE	E. (Office(s) being considered	—Clieck one box)					
☐ A. Offices Include Statewide Office & General Assembly										
S=2 1.24	Omices inch				oresentative	O Yes	ON	0		
				g State Tre	•	O Yes	ON	`		
				g state Tre						
B. Offices Include Statewide Offices Only										
Iı			Including State Treasurer			O Yes	ONo			
C. Offices Include General Assembly Only										
]	Includin	g State Rej	presentative	O Yes	ON	0		
D. Municipal & Other Offices excluding those in Box A, B and C.										
	Municipal &	Other Offices c	ACIUUII	ig enose in	100x 12, 13 and		of municip	ality—if applicabl	e)	
3. PARTY	AFFILIATION				an ewsparence			4. ELECTIC	N DATE.	mm/dd/yyyy)
Republican Democrat Other (Specify)						··············	11/07/202	3		
5. COMMI	TTEE ADDRESS				6. COMMITTE	E EMAIL &	WEBS)	TE.		
Address					Email Address					
8 Jeffrey	Road				michael@luzz	ilaw.com				
City			State	Zip Code	Website					
East Haver	1		CT	06513						
7. CANDID	ATE NAME									
First Name				MI	Last Name					Suffix
Joseph				Α.	Carfora					
8. CANDID	ATE RESIDENC	E ADDRESS			9. CANDIDATE	MAILING.	ADDRE	SS (If different)		
Street Address					Address					
8 Jeffrey Ro	oad									
City			State	Zip Code	City				State	Zip Code
East Haven	1		СТ	06513						
10. CANDIDATE TELEPHONE 11. CANDIDATE EMAIL ADDRESS										
(Include Area Code)										
203-404-5155				michael@luzzilaw.com						

REGISTRATION TYPE	COMMITTEE NAI	ME						
⊙Initial ○Amendment	Carfora for Mayor							
12. TREASURER NAME.								
First Name			МІ	Last Name		Suffix		
Richard			Α.	DePalma				
13, TREASURER RESIDENCE ADDRESS				14. TREASURER MAILING ADDRESS (ff different)				
Street Address				Address				
10 Seaview Avenue								
City		State	Zip Code	City	State	Zip Code		
East Haven			06512					
15. TREASURER TELEPHO	INE.	16. TRE	ASURER EM	AIL ADDRESS				
(Include Area Code)			•					
203-676-7748			richdepalma203@gmail.com					
17. DEPUTY TREASURER I	NAME							
First Name			МІ	Last Name		Suffix		
18. DEPUTY TREASURER	RESIDENCE ADDR	ESS	<u> </u>	19. DEPUTY TREASURER MAILING ADDRESS (IJ'dijjereni)				
Street Address				Address				
City		State	Zip Code	City	State	Zip Code		
aa mannary and achara	DELEDUZANE	21 000	FUEV TOUAS	EDED EMAIL ADDRESS				
20. DEPUTY TREASURER TELEPHONE 21. DEPUTY TREASURER EMAIL ADDRESS. (Include Area Code)				CALL ENGTH, APPARENCE				
22. DEPOSITORY INSTITUTEION NAME.								
Key Bank								
23. DEPOSITORY INSTITUTION ADDRESS								
Address				City	State	Zip Code		
245 Main Street				East Haven	СТ	06512		

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REGISTR/	TION TYPE	COMMITTEE NAME	
① Initial	Amendment	Carfora for Mayor	
United to Account and a Control of Control o			

24. CERTIFICATION

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this exploratory 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 such position.

CANDIDATE SGNATURE

8-24-2000

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 exploratory 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 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 otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.

TREASURER SIGNATURE

DATE (mm/dd/vvvv)

REGISTRA	TIONTYPE	COMMITTEE NAME						
Initial	Amendment	Carfora for Mayor						
24. CERTIF	ICATION continued							
Deputy Treasure	puty Treasurer							
candi under resign treasu finan Statu	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 exploratory 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 to discharge 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.							
juriso offen convi	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 otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.							
DEPUT	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.