

**SEEC FORM 1**  
STATE ELECTIONS ENFORCEMENT COMMISSION

**Registration by Candidate**

Revised January 2021



RECEIVED FOR FILING  
MAR 01 2023  
TOWN CLERK'S OFFICE  
EAST HAVEN, CONN.  
*Ann Carter*  
TOWN CLERK

<b>REGISTRATION TYPE</b>		<b>1. ELECTION DATE (mm/dd/yyyy)</b>		<b>2. MUNICIPALITY</b>			
<input type="radio"/> Initial <input checked="" type="radio"/> Amendment		11/07/2023		(If applicable) East Haven			
<b>3. OFFICE OR POSITION SOUGHT</b>						<b>4. DISTRICT NUMBER</b>	
Mayor						(If applicable)	
<b>5. PARTY AFFILIATION</b>							
<input type="radio"/> Republican <input checked="" type="radio"/> Democratic <input type="radio"/> Other (Specify) _____							
<b>6. CANDIDATE NAME</b>							
First Name		MI	Last Name			Suffix	
Joseph		A	Carfora				
<b>7. CANDIDATE RESIDENCE ADDRESS</b>				<b>8. CANDIDATE MAILING ADDRESS (If different)</b>			
Street Address				Address			
8 Jeffrey Road							
City		State	Zip Code	City		State	Zip Code
East Haven		CT	06513				
<b>9. CANDIDATE TELEPHONE</b>			<b>10. CANDIDATE EMAIL ADDRESS</b>				
(Include Area Code)							
203-627-4040			jcarfora1962@hotmail.com				
<b>11. DESIGNATION OF CAMPAIGN FUNDING SOURCE</b>							
(Check one)							
<input checked="" type="checkbox"/> <b>A.</b> I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.  Go to <b>Form 1A</b> and complete <b>pages 2 and 3</b> — Candidate Registration Statement.							
<input type="checkbox"/> <b>B.</b> I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.  Go to <b>Form 1B</b> and complete <b>page 4</b> — Certification of Exemption from Forming a Candidate Committee.							
<p><b>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.</b></p>							
<p><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></p>							

# SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

## Candidate Committee Registration Statement

Revised January 2021



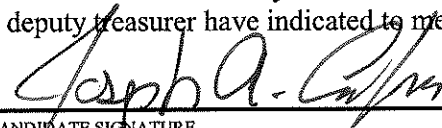
<b>REGISTRATION TYPE</b>		<b>CANDIDATE NAME</b>			
<input type="radio"/> Initial <input checked="" type="radio"/> Amendment		Joseph A. Carfora			
<b>12. COMMITTEE NAME</b>					
Carfora For Mayor					
<b>13. COMMITTEE ADDRESS</b>			<b>14. &amp; 15. COMMITTEE EMAIL ADDRESS &amp; WEBSITE</b>		
Address 8 Jeffrey Road			Email Address vote@joecarfora.com		
City East Haven		State CT	Zip Code 06513	Website	
<b>16. TREASURER NAME</b>					
First Name Richard		MI A.	Last Name DePalma		Suffix
<b>17. TREASURER RESIDENCE ADDRESS</b>			<b>18. TREASURER MAILING ADDRESS (If different)</b>		
Street Address 10 Seaview Avenue			Address		
City East Haven		State CT	Zip Code 06512	City	State Zip Code
<b>19. TREASURER TELEPHONE</b>		<b>20. TREASURER EMAIL ADDRESS</b>			
(Include Area Code) (203) 676-7748		richdepalma203@gmail.com			
<b>21. DEPUTY TREASURER NAME</b>					
First Name		MI	Last Name		Suffix
<b>22. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>23. DEPUTY TREASURER MAILING ADDRESS (If different)</b>		
Street Address			Address		
City		State	Zip Code	City	State Zip Code
<b>24. DEPUTY TREASURER TELEPHONE</b>		<b>25. DEPUTY TREASURER EMAIL ADDRESS</b>			
(Include Area Code)					
<b>26. DEPOSITORY INSTITUTION NAME</b>					
KeyBank					
<b>27. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 245 Main Street			City East Haven		State CT Zip Code 06512

REGISTRATION TYPE	CANDIDATE NAME
<input type="radio"/> Initial <input checked="" type="radio"/> Amendment	Joseph A. Carfora

**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.

  
CANDIDATE SIGNATURE

2-28-2023  
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.

  
TREASURER SIGNATURE

2/28/23  
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.

\_\_\_\_\_  
DEPUTY TREASURER SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)