

2023 JAN 12 P 12:01

Alex Carter
TOWN CLERK

SEEC FORM 4
STATE ELECTIONS ENFORCEMENT COMMISSION
Exploratory Committee Registration



REGISTRATION TYPE		1. COMMITTEE NAME			
<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	Samantha "Sam" Parlato for Mayor			
2. SUBTYPE OF EXPLORATORY COMMITTEE <i>(Office(s) being considered—Check one box)</i>					
<input type="checkbox"/> A. Offices Include Statewide Office & General Assembly					
Including State Representative				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Including State Treasurer				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> B. Offices Include Statewide Offices Only					
Including State Treasurer				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> C. Offices Include General Assembly Only					
Including State Representative				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> D. Municipal & Other Offices excluding those in Box A, B and C. <u>East Haven</u> <i>(Name of municipality—if applicable)</i>					
3. PARTY AFFILIATION				4. ELECTION DATE <i>(mm/dd/yyyy)</i>	
<input checked="" type="checkbox"/> Republican				November 7, 2023	
<input type="checkbox"/> Democrat					
<input type="checkbox"/> Other <i>(Specify)</i>					
5. COMMITTEE ADDRESS			6. COMMITTEE EMAIL & WEBSITE		
Address 470 Thompson Avenue			Email Address sam@samparlato.com		
City East Haven	State CT	Zip Code 06512	Website www.samparlato.com		
7. CANDIDATE NAME					
First Name Samantha		MI A	Last Name Parlato		Suffix
8. CANDIDATE RESIDENCE ADDRESS			9. CANDIDATE MAILING ADDRESS <i>(If different)</i>		
Street Address 470 Thompson Avenue			Address		
City East Haven	State CT	Zip Code 06512	City	State	Zip Code
10. CANDIDATE TELEPHONE			11. CANDIDATE EMAIL ADDRESS		
<i>(Include Area Code)</i> 203-627-9930			sam@samparlato.com		

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REGISTRATION TYPE		COMMITTEE NAME					
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Samantha "Sam" Parlato for Mayor					
12. TREASURER NAME							
First Name		MI	Last Name			Suffix	
Joseph			Coss				
13. TREASURER RESIDENCE ADDRESS				14. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
26 Ralphs Lane							
City		State	Zip Code	City		State	Zip Code
East Haven		CT	06512				
15. TREASURER TELEPHONE			16. TREASURER EMAIL ADDRESS				
<i>(Include Area Code)</i>							
203-535-5570			joseph.coss2018@gmail.com				
17. DEPUTY TREASURER NAME							
First Name		MI	Last Name			Suffix	
Lynn		H	Torello				
18. DEPUTY TREASURER RESIDENCE ADDRESS				19. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
62 Vista Drive							
City		State	Zip Code	City		State	Zip Code
East Haven		CT	06512				
20. DEPUTY TREASURER TELEPHONE			21. DEPUTY TREASURER EMAIL ADDRESS				
<i>(Include Area Code)</i>							
203-668-4970			Lynntorello7@gmail.com				
22. DEPOSITORY INSTITUTION NAME							
Citizens Bank							
23. DEPOSITORY INSTITUTION ADDRESS							
Address				City		State	Zip Code
263 Hemmingway Avenue				East Haven		CT	06512

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Samantha "Sam" Parlato for Mayor

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 SIGNATURE

01/11/2023
DATE (mm/dd/yyyy)

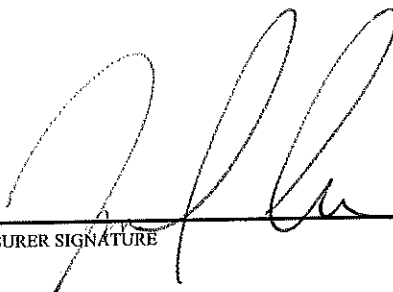
Treasurer

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 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 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

01/11/2023
DATE (mm/dd/yyyy)

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Samantha "Sam" Parlato for Mayor

24. CERTIFICATION *continued*

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 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.

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

01/11/2023

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.