SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION Exploratory Committee Registration

Revised January 2016



RECEIVED FOR FILING MAR 0 1 2019 TOWN CLERK'S OFFICE EAST HAVEN, CONN.

Stary graving, CCTC TOWN CLERK

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REGISTRA	ATION TYPE	1. COMMITTEE N	NAME							
Initial	☐ Amendment	Carfora	2019	9/						
2. SUBTYF	PE OF EXPLORA	TORY COMMITTI	EE (Office(s) being considered	—Check one box)					
[] A	Offices Tuelle	do Statowida O	ecias P	Canaral A	agambly					
	Offices Inciu	de Statewide Of			presentative	□Yes	□ No			
					•			-		
			Includir	ng State Tre	easurer	□Yes	□No)		
□B.	Offices Inclu	de Statewide Of	ffices O	nly						
			Includir	ng State Tre	easurer	□Yes	□No)		
□ C.	C. Offices Include General Assembly Only									
			Includir	ng State Rep	presentative	□Yes	□No)		
D. Municipal & Other Offices excluding those in Box A, B and C.										
3. PARTY	AFFILIATION							4. ELECTION	DATE (m)	n/dd/mm)
			Children and Section 1 and 1 and 1							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
☐ Repul	blican	Democrat [☐ Other (Sp	ecify)				Novembe		
	olican		☐ Other (Sp	necify)	6. COMMITTE	E EMAIL &		Novembe		
5. COMMI	TTEE ADDRESS)	Other (Sp	necify)	Email Address	and in some transfer of the second second		Novembe	ir 5,2	
5. COMMI	TTEE ADDRESS		Other (Sp	Zip Code	Email Address	and in some transfer of the second second		Novembe TE	ir 5,2	
5. COMMI Address City EAS	TTEE ADDRESS)		Zip Code	Email Address J Cav +	and in some transfer of the second second		Novembe TE	ir 5,2	
5. COMMI Address City EAS 7. CANDID First Name	TEFFRE TEFFRE T HAVE)		Zip Code	Email Address J Cav +	irol9le2		Novembe TE	om	
5. COMMI Address City EAS 7. CANDID First Name To 5	TEFFRE T HAVE DATE NAME	Y ROAB		Zip Code 06513	Email Address J Cay 1 Website	iral962	websi 20hi	Novembe TE Amail.c	om	2019
5. COMMI Address City EAS 7. CANDID First Name Jos 8. CANDIE Street Address	TEFFRE T HAVE DATE NAME SEPH DATE RESIDENCE	EY ROAD CE ADDRESS		Zip Code 06513	Email Address Jew-to Website Last Name Cav-for	VOL 9 G Z A E MAILING	websi 20hi	Novembe TE Amail.c	om	2019
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5. COMMI Address City EAS 7. CANDID First Name JOS 8. CANDIE Street Address B City EAS	TEFFRE T HAVE DATE NAME SEPH DATE RESIDENCE	EY ROAD READDRESS ROAD N	State CT State CT	Zip Code 06573 MI A Zip Code 06573	Email Address Jewt Website Last Name Carfor 9, CANDIDATI Address City	NOT 962	websi 20hi	Novembe TE Amail.C.	om s	LOIP Suffix
5. COMMI Address City EAS 7. CANDID First Name Jos 8. CANDIE Street Address 8 5 City EAS 10. CANDI (Include Area Comment)	TEFFREY SEPH OATE RESIDENCE THAVE OATE RESIDENCE THAVE THAV	EY ROAD EE ADDRESS ROAD ONE	State CT State CT	Zip Code 06573 MI A Zip Code 06573	Email Address Jewt Website Last Name Carfor 9, CANDIDATI Address Sam City Sa	NOT 962	websi 20hi	Novembe TE Amail.C.	om s	LOIP Suffix

REGISTRATION TYPE COMMITTEE NA	ME					
Initial Amendment Cartora	2019	<i>?!</i>	·			
12. TREASURER NAME						
First Name Lichard		MI	Last Name Esposito		Suffix	
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS (If different)			
Street Address 56 Morgan Avenue			Address SAME			
56 Morgan Avenue City EAST HAVEN	State C7	Zip Code 06512	SAME	State	Zip Code	
15. TREASURER TELEPHONE	16. TRE	ASURER EM	IAIL ADDRESS			
(Include Area Code) 203 - 848 - 8125	ric	chard e	espootot@gmail.com			
17. DEPUTY TREASURER NAME	6.2.3.5				0.0000000000000000000000000000000000000	
An Thony		MI J.	Last Name Vigliotti		Suffix	
18. DEPUTY TREASURER RESIDENCE ADDR	ESS		19. DEPUTY TREASURER MAILING ADDRESS	(If different)		
Street Address 132 Bennet Ro	1		Address			
City EAST HAVEN	State	Zip Code 065/3	SAME	State	Zip Code	
20. DEPUTY TREASURER TELEPHONE	21. DEP	UTY TREAS	URER EMAIL ADDRESS	- 69 (B) (B) (B)		
(Include Area Code) 203-214-5182	Be	nne:Hbu	siness@ comcast.net			
22. DEPOSITORY INSTITUTION NAME						
KEY BANK						
23. DEPOSITORY INSTITUTION ADDRESS						
Address 245 Main Street			City EAST HAVEN	State C7	2ip Code 06512	

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REGISTRATION TYPE	COMMITTEE NAME
Initial	Cartira 2019!
4. CERTIFICATION	
Candidate	
exploratory committee and further, that this sta	te, under penalties of false statement, that all of the designations set forth in this registration statement are true and accurate to the best of my knowledge and belief, atement includes my certification to the fact that any individual designated herein to redeputy treasurer have indicated to me their acceptance of such position.
CANDIDATE SIGNATURE	- Cufn 2/28/19 DATE (mm/dd/yyyy)
Treasurer	
candidate to serve as the an elector in the State of disclosure requirement	te, under penalties of false statement, that I have accepted my appointment by the e candidate's designated Treasurer of this exploratory committee. I certify that I am of Connecticut. I intend to comply with all the campaign finance registration and as as contained in Chapter 155 through 157 of the General Statutes, and to abide by tions or restrictions concerning campaign contributions and expenditures.
I certify that I have painclusive.	d any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157,
jurisdiction, any (A) fe offense under Title 9 of conviction or plea or the	been convicted of or pled guilty or nolo contendere to, in a court of competent lony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal the General Statues, or that at least eight years have elapsed from the date of the e completion of any sentence, whichever date is later, without a subsequent 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

02/27/2019

DATE (mm/dd/vvvv)

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REGISTRA	TION TYPE	COMMITTEE NAME
Initial	☐ Amendment	Carbina 2019!
24. CERTIF	ICATION continued	
Deputy Treasure	г	
candi unde resig treas finan Statu	idate to serve as the rstand and accept nation, I shall autourer. I certify that ce registration and	tte, under penalties of false statement, that I have accepted my appointment by the ne candidate's designated Deputy Treasurer of this exploratory committee, and I that, in the event of a vacancy caused by the treasurer's death, incapacity or omatically become responsible to discharge all of the duties required of the vacating it I am an elector in the State of Connecticut. I intend to comply with all the campaign disclosure requirements as contained in Chapter 155 through 157 of the General by any prohibitions, limitations or restrictions concerning campaign contributions and
I cert inclu		d any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157,
jurise offer conv	diction, any (A) fe ase under Title 9 o iction or plea or th	t been convicted of or pled guilty or nolo contendere to, in a court of competent clony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal of the General Statues, or that at least eight years have elapsed from the date of the ne completion of any sentence, whichever date is later, without a subsequent of another such felony or offense.
	tify that I am not o	otherwise barred from serving as a deputy treasurer by order of the State Elections sion.
DEPU	USTING TY TREASURER SIGNATUR	PRE 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.