SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION Registration by Candidate



Revised January 2014

REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy) 2.		yy) 2. OFFI	CE OR POSITION SOUGHT	3. DISTRICT NUMBER		
✓ Initial Amendment	Nov 2016		State F	State Representative		(If applicable) 030	
4. PARTY AFFILIATION							
Republican Democratic Other (Specify)							
5. CANDIDATE NAME							
First Name			MI	Last Name		Suffix	
Christopher	er		D	Morelli			
6. CANDIDATE RESIDENCE ADDRESS				7. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
435 Wigwam Rd							
City		State	Zip Code	City	State	Zip Code	
Berlin		СТ	06037				
8. CANDIDATE TELEPHONE 9. CA		9. CAND	. CANDIDATE EMAIL ADDRESS				
(Include Area Code)							
860 839	3755	chrisdn	nor@gmail	l.com			

10. 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



Revised January 2014

REGISTRATION TYPE CANDIDATE N	NAME					
✓ Initial Amendment Christopher [) Morelli					
11. COMMITTEE NAME						
The Committee To Elect Chris Morelli						
12. COMMITTEE ADDRESS			13. & 14. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address			Email Address			
435 Wigwam Rd			chrismorelli2016@gmail.com			
City	State	Zip Code	Website			
Berlin	СТ	06037				
15. TREASURER NAME						
First Name		MI	Last Name		Suffix	
Steven		Α	Massuci			
16. TREASURER RESIDENCE ADDRESS			17. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
165 Royal Oak Dr						
City	State	Zip Code	City	State	Zip Code	
Southington	СТ	06489				
18. TREASURER TELEPHONE 19. TREASURER EM			IAIL ADDRESS			
ude Area Code) 360 919 8301 massoc876@hotmail.com						
20. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
David		М	Morelli			
21. DEPUTY TREASURER RESIDENCE ADDRESS			22. DEPUTY TREASURER MAILING ADDRESS	${f S}$ (If different,)	
Street Address			Address			
435 Wigwam Rd						
City	State	Zip Code	City	State	Zip Code	
Berlin	СТ	06037				
23. DEPUTY TREASURER TELEPHONE	3. DEPUTY TREASURER TELEPHONE 24. DEPUTY TREASURER EMAIL ADDRESS					
(Include Area Code)	dmwigwam@comcast.net					
860 987 3757	arriwię	gwain@coin	Cast.Het			
25. DEPOSITORY INSTITUTION NAME						
Webster Bank						
26. DEPOSITORY INSTITUTION ADDRESS						
Address						
132 Main Street, Southington, CT 06489						

REGISTRAT	ION TYPE	CANDIDATE NAME	
✓ Initial	Amendment	Christopher D Morelli	
27. 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.

Christopher D Morelli	•		08/23/2015	
CANDIDATE SIGNATURE		_	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 disclosure requirements as contained in Chapter 155 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.

Steven A Massuci		08/23/2015
TREASURER SIGNATURE	•	DATE (mm/dd/yyyy)

Deputy Treasurer

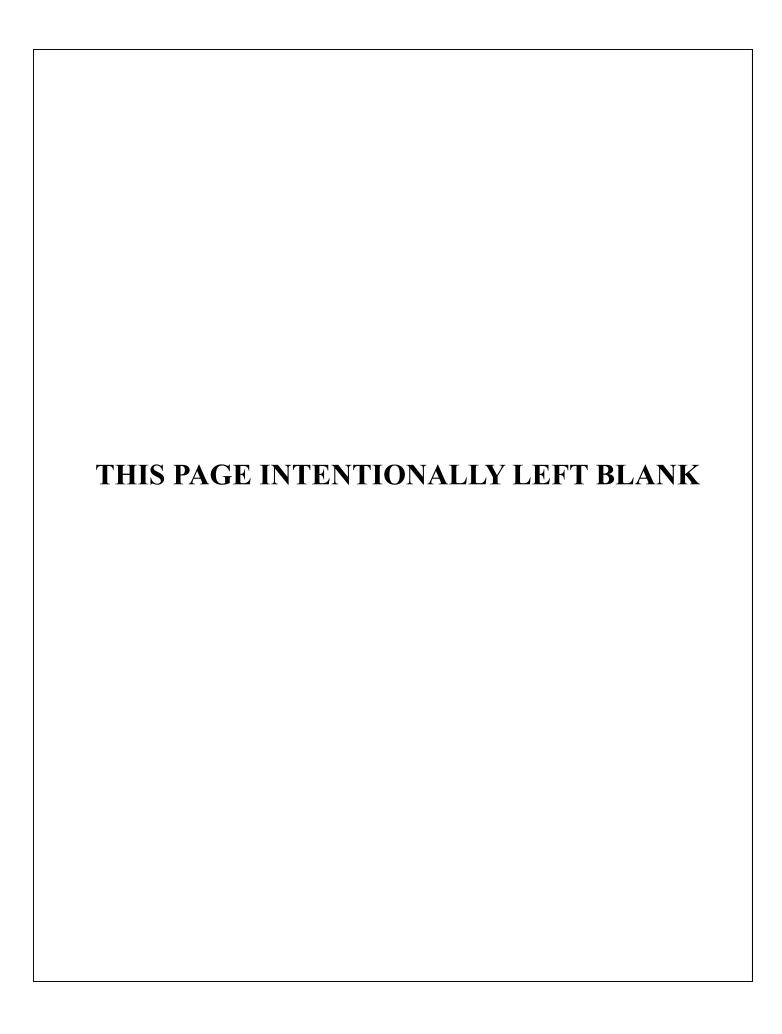
I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity 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 disclosure requirements as contained in Chapter 155 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 deputy treasurer by order of the State Elections Enforcement Commission.

David M Morelli	08/23/2015
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/yyyy)



SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee



Revised January 2014

REGISTRATION TYPE	CANDIDATE NAME	
☐ Initial ☐ Amendment		
11. REASON FOR EXEMP	TION FROM FORMING A CANDIDATE COMMITTEE	
I hereby cert	fy that I am exempt from forming a candidate committee because. CHYCK ONE)	
political committ	slate of candidates whose campaigns are being funded sole by a swn constitution a see formed for a single election or primary and expenditude made only whether all be symmittee sponsoring my candidacy. The name of this spoke recommendates:	
	OR	
contributions one thousand	my campaign entirely from my own persual nodes are wall not request or receive from other individuals or combatees and a indees, what if I make expenditures exceeding dollars (\$1,000) that I shows the same in the same in an entire as required of treasurers of candidate OR	
☐ C. I do not inten	d to receive (15), and 1 ds in excess of one thousand dollars (\$1,000). OR	
D. I do no ante.	to receive or expend any funds, including personal funds, for this campaign.	
12. CERTA		
I hereby crify and state, under penalties of false statement, that this statement of exemption from forming a candidate committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.		
CANDIDATE SIGNATURI	DATE (mm/dd/yyyy)	