SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Amendment

3. OFFICE OR POSITION SOUGHT

Revised September 2016

REGISTRATION TYPE

✓ Initial



1. ELECTION DATE (mm/dd/

Nov 2016

2. MUNICIPALITY (If applicable) 4. DISTRICT NUMBER (If applicable) 087	ION		
(If applicable) 4. DISTRICT NUMBER (If applicable)			
(If applicable) 4. DISTRICT NUMBER (If applicable)	vvvv)	2. MUNICIPALITY	
(If applicable)		(If applicable)	
			4. DISTRICT NUMBER
087			(If applicable)
			087

State Representative			087				
5. PARTY AFFILIATION							
✓ Republican Democratic		Other (Specify)					
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
David			W	Yaccarino			
7. CANDIDATE RESIDENCE ADDRESS		8. CANDIDATE MAILING ADDRESS (If different)					
Street Address			Address				
1804 Hartford Tpke							
City		State	Zip Code	City		State	Zip Code
North Haven		СТ	06473				
9. CANDIDATE TELEPHONE 10		10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
203 980	0030	yacca	rino87@gma	ail.com			

11. 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 September 2016



REGISTRATION TYPE CANDIDATE NAME						
✓ Initial I Amendment David W Yacca	/ Initial Amendment David W Yaccarino					
12. COMMITTEE NAME						
Dave 2016						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address			Email Address			
1 Lincoln St	1_	I	yaccarino87@gmail.com			
City State Zip Cod 0647			Website			
North Haven	СТ					
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Benjamin		R	Gritz			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
159 Foxbridge Village Rd			1 Lincoln St			
City	State Zip Code 06405		City	State	Zip Code	
Branford			North Haven	СТ	06473	
19. TREASURER TELEPHONE 20. TREASURER E			IAIL ADDRESS			
(Include Area Code)						
978 500 6538 bgritz@gmail.co						
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
City	State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS			
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
First Niagra Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address	T 00 470					
110 Washington Avenue, North Haven, C7	064/3			•		

SEEC FORM 1A Revised September 2016

REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendmen	t David W Yaccarino	
28. CERTIFICATION		
committee registrathis statement incl	ation statement are true and a udes my certification to the	alse statement, that all of the designations set forth in this candidate accurate to the best of my knowledge and belief, and further, that fact that any individual designated herein to serve as my treasurer acceptance of my appointment of them to those positions.
David W Yaccarin	no	01/25/2016
CANDIDATE SIGNATUR	Е	DATE (mm/dd/yyyy)
candidate to serve elector in the State requirements as colimitations or restrict I certify that I have jurisdiction, any (a under Title 9 of the plea or the compleanother such felon	as the candidate's designate of Connecticut. I intend to ontained in Chapter 155 throcictions concerning campaignee paid any civil penalties or e not been convicted of or play felony involving fraud, for e General Statues, or that at etion of any sentence, whicher yor offense.	alse statement, that I have accepted my appointment by the ed treasurer of this candidate committee. I certify that I am an a comply with all the campaign finance registration and disclosure ough 157 of the General Statutes, and to abide by any prohibitions, in contributions and expenditures. forfeitures assessed pursuant to Chapters 155 to 157, inclusive. led guilty or nolo contendere to, in a court of competent orgery, larceny, embezzlement or bribery, or (B) criminal offense least eight years have elapsed from the date of the conviction or ever date is later, without a subsequent conviction of or plea to
Commission.	not otherwise barred from so	erving as a treasurer by order of the State Elections Enforcement
Benjamin R Gritz		01/25/2016
TREASURER SIGNATURI		DATE (mm/dd/yyyy)
candidate to serve and accept that, in automatically become that I am an elected disclosure requires	as the candidate's designate the event of a vacancy caus ome responsible for discharger in the State of Connecticut ments as contained in Chapt	alse statement, that I have accepted my appointment by the ed deputy treasurer of this candidate committee, and I understand ed by the treasurer's death, incapacity or resignation, I shall ging all of the duties required of the vacating treasurer. I certify t. I intend to comply with all the campaign finance registration and er 155 through 157 of the General Statutes, and to abide by any ning campaign contributions and expenditures.
I certify that I hav	e paid any civil penalties or	forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (a under Title 9 of the	A) felony involving fraud, for e General Statues, or that at action of any sentence, which	led guilty or nolo contendere to, in a court of competent orgery, larceny, embezzlement or bribery, or (B) criminal offense least eight years have elapsed from the date of the conviction or ever date is later, without a subsequent conviction of or plea to
I certify that I am Enforcement Com		erving as a deputy treasurer by order of the State Elections
DEPUTY TREASURER SI		DATE (mm/dd/yyyy)



SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION **Certification of Exemption From Forming**





REGISTR	ATION TYPE	CANDIDATE NAME				
☐ Initial	☐ Amendment					
12. REASO	N FOR EXEMPTION	ON FROM FORMING A CANDIDATE COMMITTEE				
	I hereby certify that I am exempt from forming a candidate committee becaus (CHECK ONE)					
poli	A. I am one of a slate of candidates whose campaigns are being funded solely v a town committee or a political committee formed for a single election or primary and expendit to the development of the reported by the committee sponsoring my candidacy. The name of this spaces countries is:					
		OR				
con	tributions from cusand dollars (\$	by campaign entirely from my own, erscall fun is and will not request or receive other individuals or committees and I to derstate it if I make expenditures exceeding one 1,000) that I shall be reconstructed for filing francial disclosure statements (SEEC Form 23) me schedule and in the annumancer as record of treasurers of candidate committees. **OR** *				
☐ C.	I do not intend	to receive experiences funds in excess of one thousand dollars (\$1,000). OR				
□ D.	I do nd	to sceive or expend any funds, including personal funds, for this campaign.				
13. CER						
can		state, under penalties of false statement, that this statement of exemption from forming a e, for the reason checked above, is true, accurate and complete to the best of my ef.				
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)				