## **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

### Registration by Candidate

Revised September 2016



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REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY			
✓ Initial   Amendment	Nov 2016			(If applicable)			
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER			
State Representative					(If applicable) 100		
5. PARTY AFFILIATION	5. PARTY AFFILIATION						
Republican	Republican Democratic Other (Specify)						
6. CANDIDATE NAME							
First Name			MI	Last Name S			Suffix
Matthew			L	Lesser			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
1160 S Main St # 110				2 Mazzotta PI			
City		State	Zip Code	City		State	Zip Code
Middletown		СТ	06457	Middletown		СТ	06457
9. CANDIDATE TELEPHONE 10. CA			NDIDATE EMAIL ADDRESS				
(Include Area Code)		matthe	ew.lesser@	gmail.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 NA	CANDIDATE NAME					
✓ Initial I Amendment Matthew L Les	Matthew L Lesser					
12. COMMITTEE NAME						
Matt Lesser 2016						
13. COMMITTEE ADDRESS	14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address			Email Address			
25 Little River Ln			aristiapartiss@gmail.com			
City State		Zip Code <b>06457</b>	Website			
Middletown CT						
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Aristia		F	Partiss			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
25 Little River Ln				_		
City	State	Zip Code 06457	City	State	Zip Code	
Middletown	CT	00437				
19. TREASURER TELEPHONE 20. TREASURER E			AAIL ADDRESS			
(Include Area Code)						
860 918 6393 aristiapartiss@gma			ail.com			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Richard		P	Pelletier			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
			Address			
25 Little River Ln				1-	T == -	
City	State	Zip Code 06457	City	State	Zip Code	
Middletown	CT	00107				
			URER EMAIL ADDRESS			
(Include Area Code)						
860 301 5144 richpp53@gmail.com						
26. DEPOSITORY INSTITUTION NAME						
Liberty Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address  245 Main Street Middletown CT 06457						
315 Main Street, Middletown, CT 06457						
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SEEC FORM 1A

Revised September 2016		Tage 0 of 1
REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial   Amendment	Matthew L Lesser	
28. CERTIFICATION		
committee registration this statement include	state, under penalties of false statement, that all of the designations set forth ir on statement are true and accurate to the best of my knowledge and belief, and les my certification to the fact that any individual designated herein to serve as have indicated to me their acceptance of my appointment of them to those positive.	d further, that s my treasurer
Matthew L Lesser	01/21/2016	
CANDIDATE SIGNATURE DATE (mm/dd/yyyy)		
candidate to serve as the elector in the State of requirements as contable limitations or restriction. I certify that I have particularly that I have not jurisdiction, any (A) for under Title 9 of the Gorphea or the completion another such felony or	state, under penalties of false statement, that I have accepted my appointment is the candidate's designated treasurer of this candidate committee. I certify that if Connecticut. I intend to comply with all the campaign finance registration a tained in Chapter 155 through 157 of the General Statutes, and to abide by any tions concerning campaign contributions and expenditures.  The penalties or forfeitures assessed pursuant to Chapters 155 to 157 and been convicted of or pled guilty or nolo contendere to, in a court of compensation felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) crip General Statues, or that at least eight years have elapsed from the date of the coun of any sentence, whichever date is later, without a subsequent conviction of or offense.  It otherwise barred from serving as a treasurer by order of the State Elections In the control of the State Election In the	at I am an and disclosure y prohibitions,  7, inclusive.  Stent minal offense conviction or f or plea to
TREASURER SIGNATURE	DATE (mm/dd/yyyy)	
candidate to serve as tand accept that, in the automatically become that I am an elector in disclosure requirement prohibitions, limitation I certify that I have particularly that I have no jurisdiction, any (A) founder Title 9 of the Go	state, under penalties of false statement, that I have accepted my appointment is the candidate's designated deputy treasurer of this candidate committee, and he event of a vacancy caused by the treasurer's death, incapacity or resignation he responsible for discharging all of the duties required of the vacating treasure in the State of Connecticut. I intend to comply with all the campaign finance in the state of Connecticut. I intend to comply with all the campaign finance in the state of Connecticut. I intend to comply with all the campaign finance in the state of the constant of of the	I understand n, I shall er. I certify registration and bide by any 7, inclusive. etent minal offense conviction or

01/21/2016 Richard P Pelletier DEPUTY TREASURER SIGNATURE DATE (mm/dd/yyyy)

**Enforcement Commission.** 

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections



# **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 because (CHECK ONE)				
A. I am one of a slate of candidates whose campaigns are being funded solely was tow committee or a political committee formed for a single election or primary and expendit to the decomposition of the properties of the committee sponsoring my candidacy. The name of this spaces committee 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)			