SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy) 2				2. MUNICIPALITY				
✓ Initial Amendment	Nov 2016			(If applicable)				
						IRFR		
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER (If applicable)			
State Representative 113								
5. PARTY AFFILIATION								
✓ Republican	Democratic		Other (Spece	ify)				
6. CANDIDATE NAME								
First Name			MI	Last Name	Suffix			
Jason			D	Perillo				
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address					
454 Coram Ave								
City		State Zip Code	-	City		State	Zip Code	
Shelton			06484					
9. CANDIDATE TELEPHON	NE	10. CAN	DIDATE EN	CMAIL ADDRESS				
(Include Area Code)								
203 627 3030 jason.d.perillo@			d.perillo@g	mail.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 <i>together with</i> either Form 1A, "Registration of Candidate Committee," <i>or</i> 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 Amendment	Jason D Perillo						
12. COMMITTEE NAME							
Perillo 2016							
13. COMMITTEE ADDRESS 1				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address			Email Address				
454 Coram Ave				jason.d.perillo@gmail.com			
City		State		Website			
Shelton		СТ 06484					
16. TREASURER NAME				•			
First Name			MI	Last Name Suffix			
Noreen			М	McGorty			
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
30 Wigwam Dr							
City		State	Zip Code	City	State	Zip Code	
Shelton		СТ	06484				
19. TREASURER TELEPHON	E	20. TRE	ASURER EN	IAIL ADDRESS			
(Include Area Code)							
203 415 1814 diaduit@sbcgloba			@sbcgloba	l.net			
21. DEPUTY TREASURER NA	ME		T	1			
First Name			MI	Last Name		Suffix	
Annie				Puskar			
22. DEPUTY TREASURER RESIDENCE ADDRESS 23. DEPUTY TREASURER MAILING ADDRESS (If different))		
Street Address				Address			
233 Derby Ave # 609							
City State		Zip Code	City	State	Zip Code		
Derby		СТ	06418				
							
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER (Include Area Code) (Include Area Code)			UTTIKEAS	UKER EMAIL ADDRESS			
410 446 3419 anne.george1@g			nail.com				
26. DEPOSITORY INSTITUT	ION NAME						
Liberty Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
504 Bridgeport Avenue, Shelton, CT 06484							
				· · ·			

SEEC FORM 1A

Revised September 2016

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REGISTRATION TYPE		CANDIDATE NAME	
✓ Initial Amer	endment	Jason D Perillo	
28. 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.

02/12/2016 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 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 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.

Noreen M McGorty	02/12/2016
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 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 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.

Annie Puskar	02/19/2016
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/yyyy)

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SEEC FORM 1B STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee Revised September 2016



DECICEDATION		CANDIDATE NAME	
REGISTRATION TYI		CANDIDATE NAME	
□ Initial □ Amendment			
12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE			
I hereby o	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, y a toy committee or a political committee formed for a single election or primary and expendit the solely of the solely of the political be reported by the committee sponsoring my candidacy. The name of this split soles committee is:			
		OR	
contributions thousand doll	from o ars (\$1	by campaign entirely from my own verse of fun is ord will not request or receive other individuals or committees and I to derstand the diff I make expenditures exceeding one 1,000) that I shall be recensive for filing spancial disclosure statements (SEEC Form 23) ne schedule and in the tank on a ver as received of treasurers of candidate committees.	
🗖 C. I do not i	ntend		
		OR	
D. I do	nd	to receive or expend any funds, including personal funds, for this campaign.	
13. CER 19 19	\sim		
	nmitte	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.	
CANDIDATE SIGNA	ATURE	DATE (mm/dd/yyyy)	