SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



		17×60						<u> </u>
REGISTRATION TYPE	1. ELECTION DAT	E (mm/dd/y	ייייי)	2. MUNICIPALITY				
				(If applicable)				
✓ Initial Amendment	Nov 2016							
3. OFFICE OR POSITION S	4. DISTRICT NUMBER							
						(If applicable)		
State Senator					004			
5. PARTY AFFILIATION								
Republican • Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI	Last Name				Suffix
Stephen			T	Cassano				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
1109 E Middle Tpke								
City		State	Zip Code	City		St	tate	Zip Code
Manchester		СТ	06040- 3703					
9. CANDIDATE TELEPHON	DIDATE I	EMAIL ADDRESS						
(Include Area Code)								
860 478	5535	steved	:1109@ad	ol.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	GISTRATION TYPE CANDIDATE NAME					
✓ Initial I Amendment Stephen T Cas	stephen T Cassano					
12. COMMITTEE NAME						
Cassano For Senate						
13. COMMITTEE ADDRESS	13. COMMITTEE ADDRESS 4 WEBSITE					
Address	Email Address					
1109 E Middle Tpke			cassano4senate@gmail.com			
City	State	Zip Code 06040-	Website			
Manchester	СТ	3703				
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Richard	Richard		Borden			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
646 Porter St						
City	State	Zip Code	City	State	Zip Code	
Manchester	СТ	06040				
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS			
(Include Area Code)	l					
860 646 6975 r.borden@cox.r						
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Judith			Walter			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
Street Address	Address					
263 Lake Shore Dr		1		1-	T == -	
City	State	Zip Code 06423	City	State	Zip Code	
East Haddam	CT	00120				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS			
(Include Area Code)						
860 965 5416 jeffjudyw@gmail.com						
26. DEPOSITORY INSTITUTION NAME						
Rockville Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address 2.44 Daniel Street Manakaston CT 00040						
341 Broad Street, Manchester, CT 06040						

SEEC FORM 1A

Judith Walter

DEPUTY TREASURER SIGNATURE

		Revised September 2016				
REGISTRATION TYPE	CANDIDATE NAME					
✓ Initial Amendment	Stephen T Cassano					
28. CERTIFICATION						
committee registration this statement include	n statement are true and accurate to the my certification to the fact that any	t, that all of the designations set forth in this candidate he best of my knowledge and belief, and further, that individual designated herein to serve as my treasurer f my appointment of them to those positions.				
Stephen T Cassano		02/03/2016				
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)				
candidate to serve as a elector in the State of requirements as conta limitations or restricti	the candidate's designated treasurer of Connecticut. I intend to comply with tined in Chapter 155 through 157 of the ons concerning campaign contribution	t, that I have accepted my appointment by the f this candidate committee. I certify that I am an all the campaign finance registration and disclosure ne General Statutes, and to abide by any prohibitions, and expenditures. Seessed pursuant to Chapters 155 to 157, inclusive.				
jurisdiction, any (A) f under Title 9 of the G plea or the completion another such felony o	Felony involving fraud, forgery, larcer teneral Statues, or that at least eight year of any sentence, whichever date is lar offense.	nolo contendere to, in a court of competent by, embezzlement or bribery, or (B) criminal offense ears have elapsed from the date of the conviction or later, without a subsequent conviction of or plea to easurer by order of the State Elections Enforcement				
Richard Borden		02/12/2016				
TREASURER SIGNATURE		DATE (mm/dd/yyyy)				
candidate to serve as and 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 particularly that I have not jurisdiction, any (A) funder Title 9 of the G	the candidate's designated deputy treate event of a vacancy caused by the treate responsible for discharging all of the at the State of Connecticut. I intend to not as a contained in Chapter 155 throughout or restrictions concerning campaignaid any civil penalties or forfeitures as to been convicted of or pled guilty or refelony involving fraud, forgery, larcer deneral Statues, or that at least eight year of any sentence, whichever date is large.	t, that I have accepted my appointment by the asurer of this candidate committee, and I understand asurer's death, incapacity or resignation, I shall aduties required of the vacating treasurer. I certify comply with all the campaign finance registration and gh 157 of the General Statutes, and to abide by any an contributions and expenditures. Seessed pursuant to Chapters 155 to 157, inclusive. Include the contribution of the conviction of the conviction of the conviction of the conviction of or plea to				

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

01/30/2016

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)					
A. I am one of a slate of candidates whose campaigns are being funded soler, y a tow committee or a political committee formed for a single election or primary and expendit to the description of the reported by the committee sponsoring my candidacy. The name of this space of committee is:						
		OR				
con thou	tributions from cusand dollars (\$	ny campaign entirely from my own erstand funds and will not request or receive other individuals or committees and I to derstand a if I make expenditures exceeding one 1,000) that I shall be reconstant for filing francial disclosure statements (SEEC Form 23) me schedule and in the tank manner as record of treasurers of candidate committees.				
C.	I do not intend	to receive experience 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 se, for the reason checked above, is true, accurate and complete to the best of my ef.				
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)				