SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY				
✓ Initial Amendment Nov 2016			(If applicable)				
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NUMBER		
State Senator					(If applicable) 013		
5. PARTY AFFILIATION							
Republican	✓ Democratic		Other (Spece	ify)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Dante			J.C.	Bartolomeo			
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)		-
Street Address				Address			
167 Reynolds Dr							
City		State	Zip Code	City		State	Zip Code
Meriden		СТ	06450				
9. CANDIDATE TELEPHON	NE	10. CAN	DIDATE EN	IAIL ADDRESS			
(Include Area Code)							
203 440	2272	dantef	forstatesena	ate@yahoo.com			
11. DESIGNATION OF CAN	APAIGN FUNDING	SOURCE	C				
(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 — Co	andidate Registration Statement.			
B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.							
<i>Go to</i> Form 1B <i>and complete</i> page 4 — <i>Certification of Exemption from Forming a Candidate Committee.</i>							
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	STRATION TYPE CANDIDATE NAME							
✓ Initial Amendment	Dante J.C. Bartolomeo							
12. COMMITTEE NAME								
Dante For State Senate								
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE			
Address				Email Address				
167 Reynolds Dr				danteforstatesenate@yahoo.com				
City		State Zip Code		Website				
Meriden		СТ	06450	danteforstatesenate.com				
16. TREASURER NAME								
First Name			MI	Last Name		Suffix		
George			Е	McGoldrick				
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different))			
Street Address				Address				
91 Harvard Ave								
City		State	Zip Code	City	State	Zip Code		
Meriden		СТ	06451					
19. TREASURER TELEPHON	IE	20. TRE	ASURER EM	IAIL ADDRESS				
(Include Area Code)								
203 668 4416		gmcgo	ldrickaia@c	ox.net				
21. DEPUTY TREASURER NA	AME		1.9					
First Name			MI	Last Name		Suffix		
Michael				Quinn				
22. DEPUTY TREASURER RI	ESIDENCE ADDR	ESS		23. DEPUTY TREASURER MAILING ADDRESS	${f S}$ (If different)		
Street Address				Address				
293 Wall St								
City		State	Zip Code	City	State	Zip Code		
Meriden		СТ	06450					
24. DEPUTY TREASURER TH	ELEPHONE	25. DEP	UTY TREAS	URER EMAIL ADDRESS				
(Include Area Code)								
203 238 316	3168 m1986q@aol.com							
26. DEPOSITORY INSTITUT	ION NAME							
People's United Bank								
27. DEPOSITORY INSTITUT	ION ADDRESS							
Address								
566 West Main Street, Me	riden, CT 06451							

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REGISTRATION TYPE C.		CANDIDATE NAME	
✓ Initial	Amendment	Dante J.C. Bartolomeo	

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.

Dante J.C. Bartolomeo	02/01/2016	
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 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.

George E McGoldrick	02/01/2016
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.

Michael Quinn	02/01/2016	
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



DECICED ATION TYPE	CANDIDATE NAME		
REGISTRATION TYPE			
□ Initial □ Amendmen			
12. REASON FOR EXEMP	12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE		
I hereby cer	ify 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 v a tow committee or a political committee formed for a single election or primary and expendit and the tamp behavioral be reported by the committee sponsoring my candidacy. The name of this space of committee is:			
	OR		
contributions fro thousand dollars	g my campaign entirely from my own verse al fun is and will not request or receive in other individuals or committees and I to terstation of if I make expenditures exceeding one (\$1,000) that I shall be reconstant for filing financial disclosure statements (SEEC Form 23) same schedule and in the campaigneer as received of treasurers of candidate committees.		
C. I do not inte			
	OR		
D. I do	nd to receive or expend any funds, including personal funds, for this campaign.		
13. CER			
	nd state, under penalties of false statement, that this statement of exemption from forming a ttee, for the reason checked above, is true, accurate and complete to the best of my elief.		
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)		