SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



N		i nge
)	2. MUNICIPALITY	
	(If applicable)	

REGISTRATION TYPE	TE (mm/dd/yyyy)		2. MUNICIPALITY					
TOTAL ALA ILI				(If applicable)				
Initial / Amendment	Nov 2016							
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NUMBER			
					(If applicable)			
State Representative					020			
5. PARTY AFFILIATION								
Republican Democratic Other (Specify)				fv)				
1			(1)					
6. CANDIDATE NAME								
First Name			MI	Last Name	ast Name			
Joe			Verrengia					
7. CANDIDATE RESIDENCI	E ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
160 Colonial St								
City		State	Zip Code 06110	City	St	tate	Zip Code	
West Hartford		CT						
9. CANDIDATE TELEPHON	IE .	10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)								
860 982	5282	jfv205@yahoo.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 🗸 Amendment	Joe Verrengia						
12. COMMITTEE NAME							
Joe Verrengia For State Rep.							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address				Email Address			
160 Colonial St			_	jfv205@yahoo.com			
City		State	Zip Code 06110	Website			
West Hartford			00110				
16. TREASURER NAME							
First Name			MI	Last Name Suffix			
Tina				Kumar			
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
502 S Main St							
City		State CT	Zip Code	City	State	Zip Code	
West Hartford			06110				
19. TREASURER TELEPHONE 20. TREASU				IAIL ADDRESS			
(Include Area Code)							
860 817 6831		tinakur	mar770@gn	nail.com			
21. DEPUTY TREASURER NA	AME		I				
First Name			MI	Last Name		Suffix	
Dianna			J	Kulmacz			
22. DEPUTY TREASURER RE	ESIDENCE ADDR	ESS		23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
Street Address Add				Address			
134 Brault Hill Rd							
City		State	Zip Code 06441	City	State	Zip Code	
Higganum		CT	00441				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS				URER EMAIL ADDRESS			
(Include Area Code)							
860 301 2492 pacs.ct@comcast.net				net			
26. DEPOSITORY INSTITUTION NAME							
Webster Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
1114 New Britain Avenue, West Hartford, CT 06110							

SEEC FORM 1A Revised September 2016

DEPUTY TREASURER SIGNATURE

Revised Se	Revised September 2016						
REGISTRA	ATION TYPE	CANDIDATE NAME					
Initial Amendment Joe Verrengia		Joe Verrengia					
28. CERTII	FICATION						
com this or de	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. Joe Verrengia						
cand elect requ limit I cer I cer juris unde plea	idate to serve as for in the State of irements as contrations or restrict tify that I have putify that I have number title 9 of the C	ate, under penalties of false statement, that I have accepted my appointment by the the candidate's designated treasurer of this candidate committee. I certify that I am an Connecticut. I intend to comply with all the campaign finance registration and disclosure ned in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, one concerning campaign contributions and expenditures. Id any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. It been convicted of or pled guilty or nolo contendere to, in a court of competent elony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense eneral Statues, or that at least eight years have elapsed from the date of the conviction or of any sentence, whichever date is later, without a subsequent conviction of or plea to offense.					
	tify that I am not mission.	otherwise barred from serving as a treasurer by order of the State Elections Enforcement					
Tina	a Kumar	06/16/2016					
TREA	SURER SIGNATURE	DATE (mm/dd/yyyy)					
cand and a autor that I discl proh I cer I cer juris unde	reby certify and solidate to serve as accept that, in the matically become I am an elector in osure requirement ibitions, limitation tify that I have putify that I have not diction, any (A) or Title 9 of the Control	ate, under penalties of false statement, that I have accepted my appointment by the he candidate's designated deputy treasurer of this candidate committee, and I understand event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall responsible for discharging all of the duties required of the vacating treasurer. I certify the State of Connecticut. I intend to comply with all the campaign finance registration and its as contained in Chapter 155 through 157 of the General Statutes, and to abide by any as or restrictions concerning campaign contributions and expenditures. In a court of competent elony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense eneral Statues, or that at least eight years have elapsed from the date of the conviction or					
anoth I cer Enfo	her such felony of	otherwise barred from serving as a deputy treasurer by order of the State Elections					
Dia	ilia o Nullilacz	00/10/2010					

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	itical committee	ate of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expenditure and decomy behavioral be amittee sponsoring my candidacy. The name of this sponsor 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 reconsitive for filing financial 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)					