SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY				
. * * * 1				(If applicable)				
✓ Initial Amendment	Nov 2016							
3. OFFICE OR POSITION SOUGHT				4. DISTRICT NUMBER				
				(If applicable)				
State Representative			071					
5. PARTY AFFILIATION								
✓ Republican Democratic Other (Specify)								
6. CANDIDATE NAME	6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix	
Anthony			J	D'Amelio				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address				Address				
64 Wellington Ave								
City		State	Zip Code	City		State	Zip Code	
Waterbury		СТ	06708					
9. CANDIDATE TELEPHONE			10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							_	

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

3508

217

(Check one)

203

✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

damelio71@aol.com

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 Anthony J D'Ai	Anthony J D'Amelio					
12. COMMITTEE NAME						
D'Amelio 2016						
13. COMMITTEE ADDRESS		14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address Email Address						
164 North St						
City	State	Zip Code 06762	Website			
Middlebury CT Y						
16. TREASURER NAME		T	To the		T	
First Name		MI	Last Name Suffix			
Erika			Carrington			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
164 North St						
City	State	Zip Code 06762	City	State	Zip Code	
Middlebury	CT	00702				
19. TREASURER TELEPHONE 20. TREASURER E			AAIL ADDRESS			
(Include Area Code)						
203 232 8855 erika_carrington@			Pyahoo.com			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
William		J	Stowell			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
1 Elfin Pl				T =		
City	State	Zip Code 06762	City	State	Zip Code	
Middlebury	CT	00702				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS			
(Include Area Code)						
203 598 8292	bill.stowell1947@yahoo.com					
26. DEPOSITORY INSTITUTION NAME						
Thomaston Savings Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
1655 Straits Turnpike #5, Middlebury, CT 06762						
			· ·			

SEEC FORM 1A

William J Stowell

DEPUTY TREASURER SIGNATURE

REGISTRA	TION TYPE	CANDIDATE NAME	
✓ Initial	Amendment	Anthony J D'Amelio	
28. CERTIFI	CATION		
comm this st	nittee registrationate atement includ	state, under penalties of false statement, that all of the designations set on statement are true and accurate to the best of my knowledge and belies my certification to the fact that any individual designated herein to shave indicated to me their acceptance of my appointment of them to tho	ief, and further, that serve as my treasurer
Anth	ony J D'Amelio	05/16/2016	
CANDI	DATE SIGNATURE	DATE (mm/dd/yyyy)	
I certi jurisd under plea o	date to serve as r in the State or ements as cont tions or restrict fy that I have p fy that I have n iction, any (A) Title 9 of the Cor the completicer such felony of		ratify that I am an ration and disclosure by any prohibitions, to 157, inclusive. competent (B) criminal offense of the conviction or ection of or plea to
	ry that I am no	ot otherwise barred from serving as a treasurer by order of the State Elec	tions Enforcement
Erika Carrington 05/16/2016			
TREAS	URER SIGNATURE	DATE (mm/dd/yyyy)	
candidand ad autom that I disclo prohil I certi I certi jurisd under plea of another	date to serve as eccept that, in the natically become am an elector is sure requirementations, limitation fy that I have pure fy that I have noticition, any (A). Title 9 of the Corr the completion of the comple	state, under penalties of false statement, that I have accepted my appoint is the candidate's designated deputy treasurer of this candidate committee event of a vacancy caused by the treasurer's death, incapacity or resigner responsible for discharging all of the duties required of the vacating to the State of Connecticut. I intend to comply with all the campaign finents as contained in Chapter 155 through 157 of the General Statutes, and ions or restrictions concerning campaign contributions and expenditures paid any civil penalties or forfeitures assessed pursuant to Chapters 155 mot been convicted of or pled guilty or nolo contendere to, in a court of a felony involving fraud, forgery, larceny, embezzlement or bribery, or (General Statues, or that at least eight years have elapsed from the date of on of any sentence, whichever date is later, without a subsequent convictor offense.	tee, and I understand gnation, I shall treasurer. I certify nance registration and not to abide by any s. to 157, inclusive. competent (B) criminal offense of the conviction or ection of or plea to
	cement Commi		

05/16/2016

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	12. REASON FOR EXEMPTION 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 solely v a 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 space of the 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)				