SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



							<u> </u>	
REGISTRATION TYPE 1. ELECTION DAT		TE (mm/dd/yyyy) 2. MUNIC		2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018			(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
Governor					(If applicable	?)		
5. PARTY AFFILIATION								
✓ Republican Democratic Other (Specify)			(f;)					
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Joseph B			Visconti					
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)				
1 Clifton Ave			Address					
City		State	Zip Code	City		State	Zip Code	
West Hartford		СТ	06107					
9. CANDIDATE TELEPHONE 10		10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)								
917 855	6108	joevisconti@joevisconti.org						
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE								
(Check one)								
A. I am forming a candidate committee and I am required to file a Candidate Committee								

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 I Amendment Joseph B Visco	Joseph B Visconti					
12. COMMITTEE NAME						
Joe Visconti CT						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address			Email Address			
PO Box 784		_	info@joeviscontict.com			
City	State	Zip Code 06268	Website			
Storrs	CT	00200	joeviscontict.com			
16. TREASURER NAME					_	
First Name		MI	Last Name Suffix			
Matthew		D	O'Brien			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)		
Street Address			Address			
3400 Main St			PO Box 761			
City	State	Zip Code	City	State	Zip Code	
Coventry	CT	06238	Storrs	CT	06268	
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS			
(Include Area Code)						
860 803 7704 mattobrien24@gma			nail.com			
21. DEPUTY TREASURER NAME		l v a	T. AV		I a er	
First Name		MI	Last Name		Suffix	
Laura G			Noble			
			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address			
26 Ridgewood Rd		[a: a]		Q	7: 0.1	
City	State	Zip Code 06107-	City	State	Zip Code	
West Hartford	СТ	2719				
24. DEPUTY TREASURER TELEPHONE						
(Include Area Code)	10	مامدید الله ما				
860 558 5620 lauragnoble@yahoo.com						
26. DEPOSITORY INSTITUTION NAME						
Webster Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
65 LaSalle Road, West Hartford, CT 06107						

CEEC FORM 1

Revised September 2016		rage 3 of 4	
REGISTRATION TYPE	CANDIDATE NAME		
✓ Initial Amendment	Joseph B Visconti		
28. CERTIFICATION			
committee registratio this statement include or deputy treasurer ha	on statement are true and accurate es my certification to the fact that	ement, that all of the designations set forth in this candidate to the best of my knowledge and belief, and further, that any individual designated herein to serve as my treasurer nee of my appointment of them to those positions.	
Joseph B Visconti		04/19/2017	
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)	
candidate to serve as elector in the State of requirements as contalimitations or restricting I certify that I have partially that I have not jurisdiction, any (A) the under Title 9 of the Couplea or the completion another such felony of	the candidate's designated treasure. Connecticut. I intend to comply ained in Chapter 155 through 157 ions concerning campaign contributed any civil penalties or forfeiture of been convicted of or pled guilt felony involving fraud, forgery, la General Statues, or that at least eight of any sentence, whichever date or offense.	ement, that I have accepted my appointment by the arer of this candidate committee. I certify that I am an with all the campaign finance registration and disclosure of the General Statutes, and to abide by any prohibitions, butions and expenditures. The estimate of the General Statutes are assessed pursuant to Chapters 155 to 157, inclusive. The estimate of the competent arceny, embezzlement or bribery, or (B) criminal offense and the elapsed from the date of the conviction or the islater, without a subsequent conviction of or plea to the saturation of the State Elections Enforcement.	
Matthew D O'Brien		04/19/2017	
TREASURER SIGNATURE		DATE (mm/dd/yyyy)	
Deputy Treasurer			-
I hereby certify and s 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) that I have not jurisdiction, any (B) that I have not jurisdiction in the I have not jurisdiction.	the candidate's designated deputy e event of a vacancy caused by the e responsible for discharging all controls that the State of Connecticut. I interests as contained in Chapter 155 the ons or restrictions concerning cannot aid any civil penalties or forfeiture of been convicted of or pled guilty felony involving fraud, forgery, la deneral Statues, or that at least eight	ement, that I have accepted my appointment by the y treasurer of this candidate committee, and I understand e treasurer's death, incapacity or resignation, I shall of the duties required of the vacating treasurer. I certify and to comply with all the campaign finance registration and brough 157 of the General Statutes, and to abide by any appaign contributions and expenditures. These assessed pursuant to Chapters 155 to 157, inclusive. They or nolo contendere to, in a court of competent arceny, embezzlement or bribery, or (B) criminal offense and they are the conviction or the is later, without a subsequent 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.

Laura G Noble	04/19/2017
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/yyyy)

another such felony or offense.



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)				
poli	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 decomposition of the reported by the committee sponsoring my candidacy. The name of this space of committees are committeed by the committee sponsoring my candidacy.					
		OR				
con	tributions from cusand dollars (\$2)	ny campaign entirely from my own, ersc. I fun is a d will not request or receive other individuals or committees and I to derst. It if I make expenditures exceeding one 1,000) that I shall be reconstruction for filing financial disclosure statements (SEEC Form 23) me schedule and in the annual area as record of treasurers of candidate committees. OR				
☐ C.	C. I do not intend to receive experiments in excess of one thousand dollars (\$1,000).					
D. I do to receive 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)				