### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



	WEN.	/T~COM						
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yy					2. MUNICIPALITY			
✓ Initial   Amendment					(If applicable)			
✓ Initial   Amendment	Nov 2018							
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			BER
					(If applicable)			
State Representative					030			
5. PARTY AFFILIATION								
Republican • Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI		Last Name			Suffix
Joseph			S		Aresimowicz			
7. CANDIDATE RESIDENCE ADDRESS					8. CANDIDATE MAILING ADDRESS (If different)			
Street Address					Address			
33 Langdon Ct Unit F3								
City		State	Zip Code		City		State	Zip Code
Berlin		СТ	06037					
9. CANDIDATE TELEPHONE 10. CANI			DIDATE	ATE EMAIL ADDRESS				
Include Area Code)								
860 371 6887 Joe.Aresimo				/icz@	gmail.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	REGISTRATION TYPE CANDIDATE NAME							
✓ Initial   Amendment	Joseph S Aresimowicz							
12. COMMITTEE NAME								
Friends of A-Z								
13. COMMITTEE ADDRESS 14. & 15. COMM				14. & 15. COMMITTEE EMAIL ADDRESS & W	OMMITTEE EMAIL ADDRESS & WEBSITE			
Address				Email Address				
33 Langdon Ct # F3								
City			Zip Code 06037	Website				
Berlin			00001					
16. TREASURER NAME								
First Name			MI	Last Name Suff				
Tony	ny D'Angelo							
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address				Address				
46 Brookview PI	46 Brookview PI							
City		State Zip Code		City	State	Zip Code		
Plantsville		СТ	06479					
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS					
(Include Area Code)								
860 302 9559 ADangelo12@att.			net					
21. DEPUTY TREASURER NA	ME							
First Name			MI	Last Name		Suffix		
Jeffrey			S	Greenfield				
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)					
	Street Address Address							
11 S Main St Apt 11								
City		State	Zip Code <b>06107</b>	City	State	Zip Code		
West Hartford		CT	00107					
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASU			URER EMAIL ADDRESS					
(Include Area Code)								
860 983 657 <sub>4</sub>	JJGreenfield@gmail.com							
26. DEPOSITORY INSTITUTION NAME								
TD Bank								
27. DEPOSITORY INSTITUTION ADDRESS								
Address								
121 Main Street, Southington, CT 06489								
				· · · · · · · · · · · · · · · · · · ·				

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REGISTRATION	N TYPE	CANDIDATE NAME		
✓ Initial	Amendment	Joseph S Aresimowicz		
28. CERTIFICAT	TION			
committee this staten	e registration nent includ	on statement are true and accurate my certification to the fact that	tement, that all of the designations set forth in this candidate to the best of my knowledge and belief, and further, that at any individual designated herein to serve as my treasurer ance of my appointment of them to those positions.	
Joseph S	S Aresimow	icz	11/29/2017	
CANDIDATE	SIGNATURE		DATE (mm/dd/yyyy)	
candidate elector in requireme limitation.  I certify the sertify the jurisdiction under Title plea or the another su	to serve as the State o ents as cont is or restrict nat I have p nat I have n on, any (A) e 9 of the G e completion ich felony o	the candidate's designated treas f Connecticut. I intend to complained in Chapter 155 through 15 ions concerning campaign contraid any civil penalties or forfeith ot been convicted of or pled guifelony involving fraud, forgery, General Statues, or that at least even of any sentence, whichever day or offense.	lty or nolo contendere to, in a court of competent larceny, embezzlement or bribery, or (B) criminal offense ight years have elapsed from the date of the conviction or the is later, without a subsequent conviction of or plea to	
I certify the Commissi		otherwise barred from serving	as a treasurer by order of the State Elections Enforcement	
Tony D'A	ngelo		11/29/2017	

Deputy Treasurer

TREASURER SIGNATURE

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.

DATE (mm/dd/yyyy)

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.

Jeffrey S Greenfield	11/28/2017
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/vvvv)



# **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	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 spaces countries:					
		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)				