SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



		VT COM							
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018	Nov 2018			(If applicable)				
3. OFFICE OR POSITION SOUGHT			4. DISTRICT NUMBER						
						(If applicable	e)		
State Senator				004					
5. PARTY AFFILIATION									
Republican V Democratic Other (Specify)									
6. CANDIDATE NAME									
First Name			MI		Last Name			Suffix	
Stephen			Т		Cassano				
7. CANDIDATE RESIDENCE ADDRESS					8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address					
1109 E Middle Tpke E									
City		State	Zip Code		City		State	Zip Code	
Manchester		СТ	06040 3703)-					
9. CANDIDATE TELEPHONE			10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)									

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

5535

478

(Check one)

860

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

stevec1109@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 C	CANDIDATE NAME						
✓ Initial Amendment S	Stephen T Cassano						
12. COMMITTEE NAME							
Cassano 4 Senate							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address				Email Address			
PO Box 2124				cassano4senate@gmail.com			
City State		Zip Code 06045	Website				
Manchester		CT	00043	www.cassano2018.com			
16. TREASURER NAME	16. TREASURER NAME						
First Name			MI	Last Name Suffix			
Richard				Borden			
17. TREASURER RESIDENCE A	ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
646 Porter St							
City		State	Zip Code	City	State	Zip Code	
Manchester		CT	06040				
19. TREASURER TELEPHONE 20. TREASURER E				MAIL ADDRESS			
(Include Area Code)							
860 463 8103 r.borden@cox.net			t				
21. DEPUTY TREASURER NAM	1E						
First Name			MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)				
Street Address				Address			
City		State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			SURER EMAIL ADDRESS				
(Include Area Code)							
26. DEPOSITORY INSTITUTION NAME							
Rockville Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
341 Broad Street, Manchester, CT 06040							

DEPUTY TREASURER SIGNATURE

Revised Sep	Revised September 2016					
REGISTRA	TION TYPE	CANDIDATE NAME				
✓ Initial	Amendment	Stephen T Cassano				
28. CERTIF	ICATION					
comm this s or dej	nittee registration tatement includ	ate, under penalties of false statement, that all of the designations set forth in this candidate a statement are true and accurate to the best of my knowledge and belief, and further, that is my certification to the fact that any individual designated herein to serve as my treasurer we indicated to me their acceptance of my appointment of them to those positions. 12/05/2017 DATE (mm/dd/yyyy)				
candi electo requir limita I cert I cert jurisd under plea o	date to serve as or in the State of rements as contactions or restrict ify that I have p liction, any (A) 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 ined in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ons concerning campaign contributions and expenditures. In the penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. The been convicted of or pled guilty or nolo contendere to, in a court of competent felony 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 not any sentence, whichever date is later, without a subsequent conviction of or plea to roffense.				
	ify that I am not nission.	otherwise barred from serving as a treasurer by order of the State Elections Enforcement				
Rich	ard Borden	12/05/2017				
TREAS	SURER SIGNATURE	DATE (mm/dd/yyyy)				
candi and a auton that I discle prohi	by certify and so date to serve as except that, in the natically become am an elector in esure requirementations, limitation if that I have put that I have not be an election, any (A). Title 9 of the Corthe completion er such felony of	otherwise barred from serving as a deputy treasurer by order of the State Elections				

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 because (CHECK ONE)					
A. I am one of a slate of candidates whose campaigns are being funded soler, y a toy committee or a political committee formed for a single election or primary and expendit to the committee sponsoring my candidacy. The name of this sponsoring my candidacy.						
		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)				