SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY			
✓ Initial Amendment				(If applicable)			
✓ Initial Amendment	Nov 2018						
3. OFFICE OR POSITION S	OUGHT				4. DISTR	ICT NUM	BER
					(If applicable	?)	
State Representative	ntative				020		
5. PARTY AFFILIATION							
Republican ✓ Democratic Other (Specify)							
Republican • Democratic Other (specify)							
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Joe				Verrengia			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address				
160 Colonial St							
City		State	Zip Code	City		State	Zip Code
West Hartford		СТ	06110				
9. CANDIDATE TELEPHONE 10. 0		10. CAN	10. CANDIDATE EMAIL ADDRESS				
(Include Area Code)							
860 982	5282	jfv205	@yahoo.co	m			

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 CA	CANDIDATE NAME						
✓ Initial Amendment Jo	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				
			Zip Code 06110	Website			
West Hartford	West Hartford CT						
16. TREASURER NAME							
First Name			MI	Last Name		Suffix	
Dianna			J	Kulmacz			
17. TREASURER RESIDENCE A	DDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
134 Brault Hill Rd							
City		State Zip Code 06441		City	State	Zip Code	
Higganum							
19. TREASURER TELEPHONE 20. TREASURER EM			MAIL ADDRESS				
(Include Area Code)							
pacs.ct@comcast.				.net			
21. DEPUTY TREASURER NAM	E		_				
First Name			MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If different)		
Street Address				Address			
City		State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELE	DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASUR			SURER EMAIL ADDRESS			
(Include Area Code)							
26. DEPOSITORY INSTITUTION	N NAME						
Webster Bank							
27. DEPOSITORY INSTITUTION ADDRESS Address							
1114 New Britain Av West Ha	artford. Ct						

SEEC FORM 1A Revised September 2016

REGISTRATIO	ON TYPE	CANDIDATE NAME	
✓ Initial	Amendment	Joe Verrengia	
28. CERTIFICA	ATION	<u> </u>	
Candidate			
committee this state	tee registration	on statement are true and accur es my certification to the fact t	tatement, that all of the designations set forth in this candidate ate to the best of my knowledge and belief, and further, that hat any individual designated herein to serve as my treasurer stance of my appointment of them to those positions.
Joe Ve	errengia		12/17/2017
CANDIDA	TE SIGNATURE		DATE (mm/dd/yyyy)
Treasurer			
candida elector i requiren	te to serve as n the State o nents as cont	the candidate's designated treat f Connecticut. I intend to com	tatement, that I have accepted my appointment by the asurer of this candidate committee. I certify that I am an ply with all the campaign finance registration and disclosure 157 of the General Statutes, and to abide by any prohibitions, tributions and expenditures.
I certify	that I have p	aid any civil penalties or forfe	itures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdict under T plea or t another	tion, any (A) itle 9 of the Che completic such felony that I am no	felony involving fraud, forgery General Statues, or that at least on of any sentence, whichever or or offense.	uilty or nolo contendere to, in a court of competent y, larceny, embezzlement or bribery, or (B) criminal offense eight years have elapsed from the date of the conviction or date is later, without a subsequent conviction of or plea to g as a treasurer by order of the State Elections Enforcement
Dianna	J Kulmacz		12/17/2017
TREASURER SIGNATURE			DATE (mm/dd/yyyy)
Deputy Treasurer			
I hereby candidate and access automate that I and disclosu	te to serve as ept that, in the ically become an elector in the requirement.	the candidate's designated dep e event of a vacancy caused by e responsible for discharging a n the State of Connecticut. I in nts as contained in Chapter 15	tatement, that I have accepted my appointment by the outy treasurer of this candidate committee, and I understand the treasurer's death, incapacity or resignation, I shall all of the duties required of the vacating treasurer. I certify nated to comply with all the campaign finance registration and 5 through 157 of the General Statutes, and to abide by any campaign contributions and expenditures.
I certify	that I have p	aid any civil penalties or forfe	itures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdict under T plea or t	tion, any (A) itle 9 of the (felony involving fraud, forgery General Statues, or that at least on of any sentence, whichever	uilty or nolo contendere to, in a court of competent y, larceny, embezzlement or bribery, or (B) criminal offense eight years have elapsed from the date of the conviction or date is later, without a subsequent conviction of or plea to
	that I am no ment Comm		g as a deputy treasurer by order of the State Elections
DEPUTY T	REASURER SIGNA	ATURE	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)					
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 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)				