# **SEEC FORM 1**

STATE ELECTIONS ENFORCEMENT COMMISSION

#### **Registration by Candidate**

Revised September 2016



<b>REGISTRATION TYPE</b> 1. ELECTION DATE		(dd/yyyy)	2. MUNICIPALITY				
✓ Initial   Amendment Nov 2018			(If applicable)				
<b>3. OFFICE OR POSITION SOUG</b>	HT			4. DISTRICT NUMBER			
				(If applicable	2)		
State Representative				087			
5. PARTY AFFILIATION							
✓ Republican	Democratic	Other (Spec	ify)				
6. CANDIDATE NAME							
First Name		MI	Last Name			Suffix	
David		W	Yaccarino				
7. CANDIDATE RESIDENCE AD	DRESS		8. CANDIDATE MAILING ADDRESS	(If different)		1	
Street Address			Address				
1804 Hartford Tpke			1 Lincoln St				
City	State	Zip Code	City		State	Zip Code	
North Haven	СТ	06473	North Haven		СТ	06473	
9. CANDIDATE TELEPHONE	10. C.	10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
203 980 003	0 yac	carino87@gm	ail.com				
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE							
(Check one)							
✓ A. I am forming a Registration Sta		nittee and I	am required to file a Candidate	e Comm	ittee		
Go to Form 1A a	and complete <b>pages</b>	s <b>2 and 3</b> — Co	andidate Registration Statement.				
<b>B.</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

<b>REGISTRATION TYPE</b>	CANDIDATE NA	AME						
✓ Initial Amendment	David W Yaccarino							
12. COMMITTEE NAME								
Re-Elect Dave								
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	/EBSITE				
Address				Email Address				
1 Lincoln St				yaccarino87@gmail.com				
-			Zip Code					
North Haven CT			CT 06473					
16. TREASURER NAME			-					
First Name			MI	Last Name Suffix				
Benjamin			R	Gritz				
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different	()			
Street Address				Address				
159 Foxbridge Village Rd				1 Lincoln St				
City		State	Zip Code 06405	City	State	Zip Code		
Branford		СТ	06405	North Haven	СТ	06473		
			EASURER E	MAIL ADDRESS				
(Include Area Code) 978 500 6538 bgritz@gmail.com			n					
21. DEPUTY TREASURER NA	AME							
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 TR		PUTY TREA	SURER EMAIL ADDRESS					
(Include Area Code)								
26. DEPOSITORY INSTITUT	ION NAME							
United Bank								
27. DEPOSITORY INSTITUT	ION ADDRESS							
Address 117 Washington Avenue, North Haven CT 06473								
		00473			<u> </u>			

SEEC FORM 1A

Revised September 2016

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REGISTRA	FION TYPE	CANDIDATE NAME
✔ Initial	Amendment	David W Yaccarino

#### 28. CERTIFICATION

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

David W Yaccarino		01/08/2018
	CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)

Treasurer

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 treasurer of this candidate committee. 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.

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 treasurer by order of the State Elections Enforcement Commission.

Benjamin R Gritz	01/08/2018
TREASURER SIGNATURE	DATE (mm/dd/yyyy)

Deputy Treasurer

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.

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.

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#### **SEEC FORM 1B** STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee Revised September 2016



DECICED ATION TYPE	CANDIDATE NAME					
REGISTRATION TYPE						
Initial Amendment						
12. REASON FOR EXEMP	12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE					
I hereby cer	I hereby certify that I am exempt from forming a candidate committee becaus (CPECK ONE)					
□ A. I am one of a slate of candidates whose campaigns are being funded solely, y a toy correlate or a political committee formed for a single election or primary and expendit the sole of any behavioral be reported by the committee sponsoring my candidacy. The name of this spin soles contained is:						
	OR					
contributions fro thousand dollars	g my campaign entirely from my own verse al fun is and will not request or receive in other individuals or committees and I to terstation of if I make expenditures exceeding one (\$1,000) that I shall be reconstant for filing financial disclosure statements (SEEC Form 23) same schedule and in the campaigneer as received of treasurers of candidate committees.					
C. I do not inte						
	OR					
D. I do	nd to receive or expend any funds, including personal funds, for this campaign.					
13. CER						
	nd state, under penalties of false statement, that this statement of exemption from forming a ttee, for the reason checked above, is true, accurate and complete to the best of my elief.					
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)					