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 Nov 2018			(If applicable)						
					IDFD				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER ((f applicable)				
State Representative					123				
5. PARTY AFFILIATION									
✓ Republican	Democratic		Other (Spece	(fy)					
6. CANDIDATE NAME									
First Name			MI	Last Name			Suffix		
David			J	Rutigliano					
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)				
Street Address				Address					
52 Stemway Rd									
City		State	Zip Code	City		State	Zip Code		
Trumbull		СТ	06611						
9. CANDIDATE TELEPHON	1E	10. CAN	NDIDATE EN	DIDATE EMAIL ADDRESS					
(Include Area Code)									
203 247 3663 da			daver@sbcrestaurants.com						
11. DESIGNATION OF CAN	IPAIGN FUNDING S	SOURCE	E						
(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 <i>together with</i> either Form 1A, "Registration of Candidate Committee," <i>or</i> 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 NA	AME							
Initial I Amendment David J Rutigliano									
12. COMMITTEE NAME	12. COMMITTEE NAME								
Rutigliano for Trumbull									
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	/EBSITE				
Address				Email Address					
26 Dale Rd				jafraloretta@aol.com					
City		State	Zip Code	Website					
Trumbull		СТ	06611						
16. TREASURER NAME									
First Name			MI	Last Name		Suffix			
Loretta			J	Chory					
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different	t)				
Street Address				Address					
26 Dale Rd									
City		State	Zip Code	City	State	Zip Code			
Trumbull		СТ	06611						
19. TREASURER TELEPHON	1E	20. TRE	EASURER EI	MAIL ADDRESS					
(Include Area Code)									
203 258 0510 Loretta			a.Chory@gmail.com						
21. DEPUTY TREASURER NA	AME								
First Name			MI	Last Name		Suffix			
22. DEPUTY TREASURER RI	ESIDENCE ADDR	ESS		23. DEPUTY TREASURER MAILING ADDRESS (If different)					
Street Address			Address						
City		State	Zip Code	City	State	Zip Code			
24. DEPUTY TREASURER TELEPHONE 25. DEP		UTY TREAS	SURER EMAIL ADDRESS		1				
(Include Area Code)									
26. DEPOSITORY INSTITUT	ION NAME								
People's United Bank									
27. DEPOSITORY INSTITUT	27. DEPOSITORY INSTITUTION ADDRESS								
Address									
850 Main Street, Bridgepo	ort, CT 06604								

SEEC FORM 1A

Revised September 2016

REGISTRA	ΓΙΟΝ ΤΥΡΕ	CANDIDATE NAME
✓ Initial	Amendment	David J Rutigliano
29 CEDTIEICATION		

28. CERTIFICATIO

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 J Rutigliano	01/09/2018
-	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.

Loretta J Chory	01/09/2018
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 EXEMPTION FROM FORMING A CANDIDATE COMMITTEE				
I hereby cer	ify 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 solely by a town committee or a political committee formed for a single election or primary and expendit and the committee sponsoring my candidacy. The name of this sponsor committee 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)			