SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	SEMEN	COMM						<u> </u>	
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)				:	2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018				(!f applicable)				
3. OFFICE OR POSITION SOUGHT						4. DISTRICT NUMBER			
State Representative						(If applicable) 116			
5. PARTY AFFILIATION									
Republican V Democratic Other (Specify)									
6. CANDIDATE NAME									
First Name	MI				Last Name			Suffix	
Michael				DiMassa					
7. CANDIDATE RESIDENCE ADDRESS					8. CANDIDATE MAILING ADDRESS (If different)				
Street Address					Address				
136 Putney Dr									
City		State	Zip Code		City		State	Zip Code	
West Haven		СТ	06516- 2931						
9. CANDIDATE TELEPHONE 10. CANDIDA			NDIDATE	E EMAIL ADDRESS					
Include Area Code)									

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

8915

710

(Check one)

203

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

dimassamd@comcast.net

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 M	Michael A DiMassa							
12. COMMITTEE NAME								
Friends of Michael DiMassa								
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address	Email Address							
146 Union Ave								
City State			Zip Code 06516	Website				
West Haven CT			00010					
16. TREASURER NAME								
First Name			MI	Last Name Suffix				
Aaron			G	Charney				
17. TREASURER RESIDENCE A	ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address				Address				
146 Union Ave								
City		State	Zip Code	City	State	Zip Code		
West Haven		СТ	06516					
19. TREASURER TELEPHONE 20. TREASURER E			ASURER EN	MAIL ADDRESS				
(Include Area Code)								
203 767 6941 AARON.CHARNE			EY@gmail.com					
21. DEPUTY TREASURER NAM	E		_					
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								
TD Bank								
27. DEPOSITORY INSTITUTION ADDRESS Address								
	636 Campbell Avenue, West Haven, CT 06516							
555 Campus. 7.15.136, 1766. 1147611, 6.1 666.16								

SEEC FORM 1A Revised September 2016

REGISTRATION TY	PE	CANDIDATE NAME	
✓ Initial Amer	ndment	Michael A DiMassa	
28. CERTIFICATION	I		
committee rethis statement	gistration t includ	on statement are true and acces my certification to the fac	e statement, that all of the designations set forth in this candidate curate to the best of my knowledge and belief, and further, that it that any individual designated herein to serve as my treasurer ceptance of my appointment of them to those positions.
Michael A D	iMassa		01/12/2018
CANDIDATE SIGN	IATURE		DATE (mm/dd/yyyy)
elector in the requirements limitations or I certify that I I certify that I jurisdiction, a under Title 9 plea or the co another such	State of as contarestrict [have p [have n my (A) of the C mpletion felony c	Connecticut. I intend to co ained in Chapter 155 through ions concerning campaign ca aid any civil penalties or for ot been convicted of or pled felony involving fraud, forgo General Statues, or that at lea in of any sentence, whicheve or offense.	reasurer of this candidate committee. I certify that I am an amply with all the campaign finance registration and disclosure the 157 of the General Statutes, and to abide by any prohibitions, contributions and expenditures. The feitures assessed pursuant to Chapters 155 to 157, inclusive. The guilty or nolo contendere to, in a court of competent ery, larceny, embezzlement or bribery, or (B) criminal offense ast eight years have elapsed from the date of the conviction or er date is later, without a subsequent conviction of or plea to
Commission.		otherwise barred from serv	ing as a treasurer by order of the State Elections Enforcement
Aaron G Cha	-		01/12/2018
TREASURER SIGN	IATURE		DATE (mm/dd/yyyy)
candidate to s and accept the automatically that I am an e disclosure rec	serve as at, in the become lector in the lec	the candidate's designated of e event of a vacancy caused e responsible for discharging in the State of Connecticut. Into that in Chapter	e statement, that I have accepted my appointment by the deputy treasurer of this candidate committee, and I understand by the treasurer's death, incapacity or resignation, I shall g all of the duties required of the vacating treasurer. I certify intend to comply with all the campaign finance registration and 155 through 157 of the General Statutes, and to abide by any g campaign contributions and expenditures.
I certify that I	have p	aid any civil penalties or for	feitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, a under Title 9	ny (A) of the (mpletio	felony involving fraud, forgo General Statues, or that at learn of any sentence, whichever	guilty or nolo contendere to, in a court of competent ery, larceny, embezzlement or bribery, or (B) criminal offense ast eight years have elapsed from the date of the conviction or er date is later, without a subsequent conviction of or plea to
I certify that I Enforcement			ing as a deputy treasurer by order of the State Elections
DEPUTY TREASU	RER SIGNA	TURE	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 becaus (CHECK ONE)
poli	itical committee	ate of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expenditure and decomy behavioral be amittee sponsoring my candidacy. The name of this sponsor 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 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)