### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

### Registration by Candidate

Revised September 2016



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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) 068			
5. PARTY AFFILIATION							
✓ Republican Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name	MI		MI	Last Name		Suffix	
Joseph			Polletta				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address			Address				
25 Lakeview Dr							
City		State	Zip Code	City		State	Zip Code
Watertown		СТ	06795				
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS						
Include Area Code)							

### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

0340

509

#### (Check one)

203

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

DJ\_International@hotmail.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 CANDIDATE NAME							
✓ Initial   Amendment	Joseph Polletta						
12. COMMITTEE NAME							
Polletta for Rep							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
				Email Address			
145 Neill Dr				pollettaforct68@gmail.com			
			Zip Code 06795	Website			
Watertown CT			00730				
16. TREASURER NAME							
First Name			MI	Last Name Suffix			
Eileen			С	Conard			
17. TREASURER RESIDENCE	ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
145 Neill Dr							
City		State Zip Code 06795		City	State	Zip Code	
Watertown							
19. TREASURER TELEPHONE 20. TREASURER EM			ASURER EM	IAIL ADDRESS			
(Include Area Code) 203 233 3066 pollettaforct68@gm			mail.com				
21. DEPUTY TREASURER NAM	<b>ИЕ</b>						
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 TREASURER			URER EMAIL ADDRESS				
(Include Area Code)							
26. DEPOSITORY INSTITUTION NAME							
Ion Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address  EGE STS Turnnika, Watertown, CT 06705							
565 STS Turnpike, Watertown, CT 06795							

REGISTRATION TYPE	CANDIDATE NAME	
/ Initial   Amendment	Joseph Polletta	
3. CERTIFICATION		
committee registration this statement include	on statement are true and accurate les my certification to the fact that	ement, that all of the designations set forth in this candidate to the best of my knowledge and belief, and further, that it any individual designated herein to serve as my treasurer ince of my appointment of them to those positions.
Joseph Polletta		01/21/2018
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State o requirements as cont limitations or restrict I certify that I have purisdiction, any (A)	the candidate's designated treasured from the comply ained in Chapter 155 through 157 tions concerning campaign contributions are civil penalties or forfeitured been convicted of or pled guilfelony involving fraud, forgery, I	ement, that I have accepted my appointment by the arer of this candidate committee. I certify that I am an y with all the campaign finance registration and disclosure 7 of the General Statutes, and to abide by any prohibitions, butions and expenditures.  The assessed pursuant to Chapters 155 to 157, inclusive.  The ty or nolo contendere to, in a court of competent larceny, embezzlement or bribery, or (B) criminal offense ght years have elapsed from the date of the conviction or
I certify that I am no Commission.	or offense.	te is later, without a subsequent conviction of or plea to as a treasurer by order of the State Elections Enforcement
Eileen C Conard		01/21/2018
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as and accept that, in th automatically become that I am an elector in disclosure requirement	the candidate's designated deput the event of a vacancy caused by the the responsible for discharging all the State of Connecticut. I inte- tents as contained in Chapter 155 t	ement, that I have accepted my appointment by the ty treasurer of this candidate committee, and I understand ne treasurer's death, incapacity or resignation, I shall of the duties required of the vacating treasurer. I certify and to comply with all the campaign finance registration and through 157 of the General Statutes, and to abide by any impaign contributions and expenditures.
I certify that I have p	paid any civil penalties or forfeitu	res assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the (	felony involving fraud, forgery, I General Statues, or that at least eigen of any sentence, whichever date	ty or nolo contendere to, in a court of competent larceny, embezzlement or bribery, or (B) criminal offense ght years have elapsed from the date of the conviction or te is later, without a subsequent conviction of or plea to
I certify that I am no Enforcement Comm		as a deputy treasurer by order of the State Elections



# **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 town committee or a political committee formed for a single election or primary and expendit to the description of the reported by the committee sponsoring my candidacy. The name of this space of committee is:						
	OR					
con thou	tributions from cusand dollars (\$	ny campaign entirely from my own erstand funds and will not request or receive other individuals or committees and I to derstand a if I make expenditures exceeding one 1,000) that I shall be reconstant for filing francial disclosure statements (SEEC Form 23) me schedule and in the tank manner as record of treasurers of candidate committees.				
C.	I do not intend	to receive experience 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 se, for the reason checked above, is true, accurate and complete to the best of my ef.				
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)				