SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	TRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)		(צעע)	2. MUNICIPALITY			
				(If applicable)			
✓ Initial Amendment	Nov 2018						
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
					(If applicable	?)	
State Representative	te Representative			073			
5. PARTY AFFILIATION	5. PARTY AFFILIATION						
✓ Republican Democratic			Other (Specify)				
Republican Democratic Sheetly)							
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Steven			R	Giacomi			
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address			
30 Regency HI							
City		State	Zip Code	City		State	Zip Code
Waterbury		СТ	06708				
9. CANDIDATE TELEPHONE		10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
203 578	0749						

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 CANDIDATE NA	CANDIDATE NAME					
✓ Initial I Amendment Steven R Giac	Steven R Giacomi					
12. COMMITTEE NAME						
Giacomi for State Rep						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address			Email Address			
145 Neill Dr		_	iclaire2@sbcglobal.net			
City	State	Zip Code 06795	Website			
Watertown	СТ	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	CT 0					
19. TREASURER TELEPHONE 20. TREASURER E.			IAIL ADDRESS			
(Include Area Code)						
203 233 3066 iclaire2@sbc			ll.net			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Jason		Α	Van Stone			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If different)	
Street Address			Address			
369 Clough Rd						
City	State	Zip Code 06708	City	State	Zip Code	
Waterbury	CT	00700				
24. DEPUTY TREASURER TELEPHONE	DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASURER EMAIL ADDRESS					
(Include Area Code)						
203 228 9721 jvanstone24@gmail.com						
26. DEPOSITORY INSTITUTION NAME						
Ion Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
565 Straits Turnpike, Watertown, CT 06795						

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REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendment	Steven R Giacomi	
28. CERTIFICATION		
committee registration this statement include	on statement are true and accurate to es my certification to the fact that are	ent, that all of the designations set forth in this candidate the best of my knowledge and belief, and further, that ny individual designated herein to serve as my treasurer of my appointment of them to those positions.
Steven R Giacomi		01/21/2018
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State of requirements as contalimitations or restrict. I certify that I have pure I certify that I have not jurisdiction, any (A) under Title 9 of the Coplea or the completion another such felony of I certify that I am not Commission.	the candidate's designated treasurer f Connecticut. I intend to comply we ained in Chapter 155 through 157 of ions concerning campaign contribut aid any civil penalties or forfeitures of been convicted of or pled guilty of felony involving fraud, forgery, lare General Statues, or that at least eight on of any sentence, whichever date is or offense.	assessed pursuant to Chapters 155 to 157, inclusive. or nolo contendere to, in a court of competent eny, embezzlement or bribery, or (B) criminal offense years have elapsed from the date of the conviction or slater, without a subsequent conviction of or plea to 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 the automatically become that I am an elector in disclosure requireme prohibitions, limitation	the candidate's designated deputy to e event of a vacancy caused by the to e responsible for discharging all of to to the State of Connecticut. I intendents as contained in Chapter 155 throons or restrictions concerning campa	ent, that I have accepted my appointment by the reasurer of this candidate committee, and I understand reasurer's death, incapacity or resignation, I shall he duties required of the vacating treasurer. I certify to comply with all the campaign finance registration and ugh 157 of the General Statutes, and to abide by any aign contributions and expenditures. 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.

Jason A Van Stone	01/22/2018
DEPUTY TREASURER SIGNATURE	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	12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE					
	I hereby certify that I am exempt from forming a candidate committee becaus (CHECK ONE)					
poli	A. I am one of a slate of candidates whose campaigns are being funded solely was town 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 (\$2)	ny campaign entirely from my own, ersc. I fun is a d will not request or receive other individuals or committees and I to derst. It if I make expenditures exceeding one 1,000) that I shall be reconstruction for filing financial disclosure statements (SEEC Form 23) me schedule and in the annual area as record of treasurers of candidate committees. OR				
□ C.	C. I do not intend to receive experiments in excess of one thousand dollars (\$1,000).					
□ D. I do to not be receive 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)				