SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	E (mm/dd/yyyy) 2. MUNICIPALITY						
				(If applicable)			
✓ Initial Amendment	Nov 2018						
					4 DICTD	ICT NIIN	IDED
3. OFFICE OR POSITION S	OUGHI				4. DISTRICT NUMBER (If applicable)		
Otata Danasa atati)	
State Representative				048			
5. PARTY AFFILIATION							
D III OI							
✓ Republican	Democratic		Other (Specify)				
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
			Р				
Mark P			Г	DeCaprio			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)			
Street Address			Address				
142 Bascom Rd							
City		State	Zip Code	City		State	Zip Code
•			06249				
Lebanon		CT					
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)							
860 287	6226	decap	rio4ct48th@	gmail.com			
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE							
(Check one)							
A. Lam forming a candidate committee and Lam 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 NAME							
Initial I Amendment Mark P DeCaprio							
12. COMMITTEE NAME							
DeCaprio4CT48th							
13. COMMITTEE ADDRESS		14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE					
Address		Email Address					
142 Bascom Rd	I a	Ta: 0.1	decaprio4ct48th@gmail.com				
City	State	Zip Code 06249	Website				
Lebanon	СТ						
16. TREASURER NAME							
First Name		MI	Last Name		Suffix		
John			Gallen				
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address			Address				
186 Babcock Hill Rd							
City	State	Zip Code	City	State	Zip Code		
Windham CT		06266					
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS				
(Include Area Code)							
860 428 6045 thegallens@ju			com				
21. DEPUTY TREASURER NAME		_					
First Name		MI	Last Name		Suffix		
Mike			Ninteau				
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)				
Street Address			Address				
286 Clubhouse Rd							
City	State	Zip Code	City	State	Zip Code		
Lebanon	СТ	06249					
			URER EMAIL ADDRESS				
(Include Area Code)							
860 208 5672	mninteau@gmail.com						
26. DEPOSITORY INSTITUTION NAME							
Savings Institute Bank and Trust							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
554 Exeter Road, Lebanon, CT 06249							

SEEC FORM 1A Revised September 2016

Mike Ninteau

DEPUTY TREASURER SIGNATURE

Revised Sep	otember 2016	
REGISTRA	ATION TYPE	CANDIDATE NAME
Initial	Amendment	Mark P DeCaprio
28. CERTIF	TICATION	
comi this s or de	nittee registration Statement includ	tate, under penalties of false statement, that all of the designations set forth in this candidate in statement are true and accurate to the best of my knowledge and belief, and further, that it is my certification to the fact that any individual designated herein to serve as my treasurer are indicated to me their acceptance of my appointment of them to those positions. O1/22/2018 DATE (mm/dd/yyyy)
Treasurer		
I here candi elector requi limita I cert I cert juriso unde plea anoth	idate to serve as or in the State or rements as contrations or restrict ify that I have purify that I have purify that I have purify that I have not if the State of the Correct of the completion of the completion of the such felony of the state of the such felony of the state o	tate, under penalties of false statement, that I have accepted my appointment by the the candidate's designated treasurer of this candidate committee. I certify that I am an Connecticut. I intend to comply with all the campaign finance registration and disclosure fined in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ons concerning campaign contributions and expenditures. And any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. Out been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense feneral Statues, or that at least eight years have elapsed from the date of the conviction or no fany sentence, whichever date is later, without a subsequent conviction of or plea to r offense. Otherwise barred from serving as a treasurer by order of the State Elections Enforcement
	n Gallen	01/22/2018
	SURER SIGNATURE	DATE (mm/dd/yyyy)
candiand a autor that I discle prohibit I cert jurisce under plea anoth	eby certify and sidate to serve as accept that, in the matically become am an elector is osure requirementations, limitations, limitations, limitations, any (A) are Title 9 of the Corthe completions are such felony of	
	ify that I am no	otherwise barred from serving as a deputy treasurer by order of the State Elections

01/22/2018

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 description of the reported by the committee sponsoring my candidacy. The name of this spaces 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.	C. I do not intend to receive experiments in excess of one thousand dollars (\$1,000).					
□ 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)				