SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	TE (mm/dd/y	(צעע)	2. MUNICIPALITY					
				(If applicable)				
Initial	Nov 2018							
				A DICTIDICT MUMBER				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
					(If applicable)			
State Representative					033			
5. PARTY AFFILIATION								
Republican V Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI	Last Name Suffix			Suffix	
la card		С						
Joseph				Serra				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)				
Street Address				Address				
1510 Randolph Rd								
City		State Zip Code		City		State	Zip Code	
Middletown		СТ	06457					
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS							
(Include Area Code)								
860 250	6777	Josep	hCSerra@y	rahoo.com				
11. DESIGNATION OF CAMPAIGN FUNDING SOURCE								
(Check one)								
A I C								

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 NAME						
Initial Initia Initial Initial Initial Initial Initial Initial Initial Initial	nent Joseph C Serra					
12. COMMITTEE NAME						
Serra for State Representative						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address			Email Address			
23 Crissey Ln			ascarta2006@gmail.com			
City	State	Zip Code 06489	Website			
Southington	CT					
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Aldo		S	Carta			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If differen	t)		
Street Address			Address			
28 Crissey Ln						
City	State	Zip Code	City	State	Zip Code	
Southington	СТ	Г 06489				
			MAIL ADDRESS			
(Include Area Code)						
860 214 0212	ascart	a2006@gm	all.com			
21. DEPUTY TREASURER NAME		T. a	I. v		La ar	
First Name		MI	Last Name		Suffix	
Carl		R	Erlacher		Sr	
			23. DEPUTY TREASURER MAILING ADDRES	\mathbf{SS} (If differen	<i>t</i>)	
Street Address			Address			
28 Hickory Cir		_		_		
City	State	Zip Code 06457	City	State	Zip Code	
Middletown	CT	00437				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			SURER EMAIL ADDRESS			
(Include Area Code)						
860 916 7779						
26. DEPOSITORY INSTITUTION NAME						
Liberty Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
315 Main Street, Middletown, CT 06457						

Revised September 2016		Page 3 of 4
REGISTRATION TYPE	CANDIDATE NAME	
Initial 🗸 Amendment	Joseph C Serra	
28. CERTIFICATION		
committee registration this statement include	on statement are true and accurate to the es my certification to the fact that any	t, that all of the designations set forth in this candidate ne best of my knowledge and belief, and further, that individual designated herein to serve as my treasurer of my appointment of them to those positions. 08/06/2018
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
CANDIDATE SIGNATORE		DATE (IIIII) dd yyyy)
candidate to serve as elector in the State or requirements as containitations 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. Aldo S Carta	the candidate's designated treasurer of Connecticut. I intend to comply with ained in Chapter 155 through 157 of the cions concerning campaign contribution and any civil penalties or forfeitures as not been convicted of or pled guilty or a felony involving fraud, forgery, larcent General Statues, or that at least eight year of any sentence, whichever date is larger offense.	ssessed pursuant to Chapters 155 to 157, inclusive. nolo contendere to, in a court of competent ny, embezzlement or bribery, or (B) criminal offense ears have elapsed from the date of the conviction or ater, without a subsequent conviction of or plea to easurer by order of the State Elections Enforcement 08/06/2018
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as and accept that, in the automatically become that I am an elector in disclosure requirement prohibitions, limitation I certify that I have pure I certify that I have no jurisdiction, any (A) under Title 9 of the Communication.	the candidate's designated deputy treate event of a vacancy caused by the treate responsible for discharging all of the nature of Connecticut. I intend to not as contained in Chapter 155 throughout or restrictions concerning campaignaid any civil penalties or forfeitures as not been convicted of or pled guilty or a felony involving fraud, forgery, larcent General Statues, or that at least eight year of any sentence, whichever date is large.	t, that I have accepted my appointment by the asurer of this candidate committee, and I understand asurer's death, incapacity or resignation, I shall eduties required of the vacating treasurer. I certify comply with all the campaign finance registration and gh 157 of the General Statutes, and to abide by any gn contributions and expenditures. Seessed pursuant to Chapters 155 to 157, inclusive. Include the conviction of the conviction or gater, without a subsequent conviction of or plea to

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections

DEPUTY TREASURER SIGNATURE

Carl R Erlacher Sr

Enforcement Commission.

08/06/2018

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 because (CHECK ONE)						
A. I am one of a slate of candidates whose campaigns are being funded soler, y a tow 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 the committee sponsoring my candidacy.							
	OR						
con thou	B. I am funding my campaign entirely from my own verse of funds and will not request or receive contributions from other individuals or committees and I to lers to the if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be recommittee and for filing francial disclosure statements (SEEC Form 23) according to the same schedule and in the annual error as record of treasurers of candidate committees.						
C.	C. I do not intend to receive experiments of one thousand dollars (\$1,000).						
D. I do proved to 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 se, for the reason checked above, is true, accurate and complete to the best of my ef.					
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)					