SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	SEME	V7 COMM!					<u> </u>	
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY				
✓ Initial Amendment	Nov 2018			(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
State Representative					(If applicable	e)		
5. PARTY AFFILIATION								
✓ Republican Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name	st Name MI		MI	Last Name			Suffix	
Mike			Bocchino					
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address			Address					
7 Tingue St								
City		State	Zip Code	City		State	Zip Code	
Greenwich		СТ	06830					
9. CANDIDATE TELEPHONE 10. CANDIDATE EM			MAIL ADDRESS					
(Include Area Code)								

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

4899

561

(Check one)

203

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

MikeBocchino34@gmail.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





REGISTRATION TYPE CANDIDATE NAME							
✓ Initial Amendment	Mike Bocchino						
12. COMMITTEE NAME							
Re-Elect Bocchino 2018							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address				Email Address			
7 Linwood Ave				josephlromano101@gmail.com			
City	-			Website			
Riverside CT			06878				
16. TREASURER NAME							
First Name			MI	Last Name Suffix			
Joseph			L	Romano			
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
7 Linwood Ave							
City		State	Zip Code	City	State	Zip Code	
Riverside			. 06878				
19. TREASURER TELEPHONE 20. TREASURER EN			MAIL ADDRESS				
(Include Area Code)							
203 249 8828	}	joseph	nlromano10	1@gmail.com			
21. DEPUTY TREASURER NA	AME		T				
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			URER EMAIL ADDRESS	'			
(Include Area Code)							
26. DEPOSITORY INSTITUTION NAME							
People's United Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
1155 East Putnam Avenue, Riverside, CT 06878							
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REGISTRA	TION TYPE	CANDIDATE NAME	
Initial	Amendment	Mike Bocchino	
28. CERTIFI	CATION		
comm this st	ittee registration atement includ	on statement are true and accurate my certification to the fact the	atement, that all of the designations set forth in this candidate ate to the best of my knowledge and belief, and further, that hat any individual designated herein to serve as my treasurer tance of my appointment of them to those positions.
Mike	Bocchino		02/07/2018
CANDI	DATE SIGNATURE		DATE (mm/dd/yyyy)
electo requir limita I certi I certi jurisdi under plea o	r in the State of the control of that I have projection, any (A) Title 9 of the Control of the C	f Connecticut. I intend to compained in Chapter 155 through 1 ions concerning campaign contaid any civil penalties or forfeit of been convicted of or pled gufelony involving fraud, forgery General Statues, or that at least on of any sentence, whichever defined in the contained of the contained in the contained	surer of this candidate committee. I certify that I am an ally with all the campaign finance registration and disclosure 57 of the General Statutes, and to abide by any prohibitions, ributions and expenditures. tures assessed pursuant to Chapters 155 to 157, inclusive. ilty or nolo contendere to, in a court of competent, larceny, embezzlement or bribery, or (B) criminal offense eight years have elapsed from the date of the conviction or ate is later, without a subsequent conviction of or plea to
Comn	nission.	t otherwise barred from serving	as a treasurer by order of the State Elections Enforcement
	oh L Romano		02/07/2018
TREAS	URER SIGNATURE		DATE (mm/dd/yyyy)
candic and ac autom that I disclo	date to serve as ecept that, in the natically becomes am an elector is sure requirement	the candidate's designated dep e event of a vacancy caused by e responsible for discharging al n the State of Connecticut. I in nts as contained in Chapter 155	atement, that I have accepted my appointment by the uty treasurer of this candidate committee, and I understand the treasurer's death, incapacity or resignation, I shall I of the duties required of the vacating treasurer. I certify tend to comply with all the campaign finance registration and through 157 of the General Statutes, and to abide by any ampaign contributions and expenditures.
I certi	fy that I have p	aid any civil penalties or forfei	tures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdi under plea o	iction, any (A) Title 9 of the (felony involving fraud, forgery General Statues, or that at least on of any sentence, whichever d	ilty or nolo contendere to, in a court of competent, larceny, embezzlement or bribery, or (B) criminal offense eight years have elapsed from the date of the conviction or ate is later, without a subsequent conviction of or plea to
	fy that I am no cement Comm		as a deputy treasurer by order of the State Elections
DEPUT	Y TREASURER 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 because (CHECK ONE)					
A. I am one of a slate of candidates whose campaigns are being funded solely v a tow 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 space of the committee sponsoring my candidacy.						
		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 reconsitive for filing financial 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)				