SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



2. MUNICIPALITY

			L				_	
REGISTRATION TYPE	TE (mm/dd/yyyy)		2. MUNICIPALITY					
				(If applicable)				
Initial	Nov 2018							
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
					(If applicable	·)		
State Representative					147			
5. PARTY AFFILIATION								
✓ Republican Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Anzelmo				Graziosi				
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
447 Westover Rd								
City		State	Zip Code	City		State	Zip Code	
Stamford		СТ	06902- 1923					
9. CANDIDATE TELEPHONE		10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)								
203 559	5066	anzelmograziosi@gmail.com						
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 NAME						
Initial ✓ I Amendment Anzelmo Graziosi						
12. COMMITTEE NAME						
Graziosi For CT						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address			Email Address			
447 Westover Rd			anzelmograziosi@gmail.com			
City	State	Zip Code 06902-	Website			
Stamford	CT	1923				
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Anthony			Coppola			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different	")		
Street Address			Address			
3 Susan Ct						
City	State	Zip Code	City	State	Zip Code	
Norwalk	CT 06851					
19. TREASURER TELEPHONE 20. TREASURER E			AAIL ADDRESS			
(Include Area Code) 203 807 2794 TonyC41652@aol			l.com			
21. DEPUTY TREASURER NAME						
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	
City	State	Zip code	City	State	Zip code	
24. DEPUTY TREASURER TELEPHONE (Include Area Code)	25. DEP	UTY TREAS	URER EMAIL ADDRESS			
(metade med code)						
26. DEPOSITORY INSTITUTION NAME						
First County Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
1042 High Ridge Rd, Stamford, CT 06905						

REGISTRATION TYPE	CANDIDATE NAME	
Initial	Anzelmo Graziosi	
8. CERTIFICATION		
committee registratio this statement include	n statement are true and accurate to the bes	t all of the designations set forth in this candidate t of my knowledge and belief, and further, that idual designated herein to serve as my treasurer appointment of them to those positions.
Anzelmo Graziosi		07/06/2018
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve as elector in the State of requirements as conta limitations or restricting I certify that I have particularly that I have not jurisdiction, any (A) that I have not jurisdiction, any (B) that I have not jurisdiction in the I have not jurisdiction.	Connecticut. I intend to comply with all the tined in Chapter 155 through 157 of the Gestons concerning campaign contributions and aid any civil penalties or forfeitures assessed to been convicted of or pled guilty or nologically involving fraud, forgery, larceny, embeneral Statues, or that at least eight years han of any sentence, whichever date is later, when the conviction of the conv	candidate committee. I certify that I am an the campaign finance registration and disclosure neral Statutes, and to abide by any prohibitions, d expenditures. Ed pursuant to Chapters 155 to 157, inclusive.
Commission.	otherwise barred from serving as a treasure	er by order of the State Elections Enforcement
Anthony Coppola		07/06/2018
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	e event of a vacancy caused by the treasurer e responsible for discharging all of the dution the State of Connecticut. I intend to comp	of this candidate committee, and I understand r's death, incapacity or resignation, I shall es required of the vacating treasurer. I certify bly with all the campaign finance registration and 7 of the General Statutes, and to abide by any
I certify that I have pa	aid any civil penalties or forfeitures assesse	ed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) tunder Title 9 of the G	eneral Statues, or that at least eight years hen of any sentence, whichever date is later, which were date is later, which were date in the sentence of the se	contendere to, in a court of competent abezzlement or bribery, or (B) criminal offense ave elapsed from the date of the conviction or without a subsequent conviction of or plea to
I certify that I am not Enforcement Commis	otherwise barred from serving as a deputy ssion.	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	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 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 spaces of committees:					
		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.	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)				