### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE			(ייייי	2. MUNICIPALITY				
REGISTRATION	TV EEEE TTOTY EITT	_ (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>)))))</i>	(If applicable)				
✓ Initial   Amendment	Nov 2018							
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
				(If applicable)				
State Representative				069				
5. PARTY AFFILIATION								
Republican	✓ Democratic Other (Specify)							
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Greg				Cava				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address				Address				
73 Southbury Rd								
City		State	Zip Code	City		State	Zip Code	
Roxbury		СТ	06783					
9. CANDIDATE TELEPHONE 10. CAND			DIDATE EM	TE EMAIL ADDRESS				
(Include Area Code)								
860 350	3650							

### 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 Greg Cava	Greg Cava					
12. COMMITTEE NAME	12. COMMITTEE NAME					
Cava 2018						
13. COMMITTEE ADDRESS 14. & 15. COMM			14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address			Email Address			
73 Southbury Rd			cava4ct@gmail.com			
City	State Zip Code 06783		Website			
Roxbury			www.cava2018.com			
16. TREASURER NAME	•					
First Name	MI		Last Name		Suffix	
Alan			Zinser			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
113 Minortown Rd						
City	State	Zip Code	City	State	Zip Code	
Woodbury	CT 06798					
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS			
(Include Area Code) 917 456 2143	alanzinser@gmail.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	
24. DEPUTY TREASURER TELEPHONE	25. DEP	LITY TREAS	L URER EMAIL ADDRESS			
(Include Area Code)	20. DEI					
26. DEPOSITORY INSTITUTION NAME						
Savings Bank Danbury						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
325 Main Street, S#2, Southbury, CT 0648	38					

SEEC FORM 1A Revised September 2016

REGISTRATION TYPE	CANDIDATE NAME	
/ Initial   Amendment	Greg Cava	
3. CERTIFICATION		
committee registration this statement include	state, under penalties of false statement, that all of the designations so on statement are true and accurate to the best of my knowledge and be des my certification to the fact that any individual designated herein to have indicated to me their acceptance of my appointment of them to the	belief, and further, that o serve as my treasurer
Greg Cava	02/22/2018	
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)	
candidate to serve as elector in the State or requirements as conflimitations or restrict. I certify that I have pure I certify that I have pure jurisdiction, any (A) under Title 9 of the oplea or the completion another such felony.		certify that I am an stration and disclosure de by any prohibitions,  55 to 157, inclusive.  of competent or (B) criminal offense e of the conviction or viction of or plea to
Commission.	ot otherwise barred from serving as a treasurer by order of the State E	lections Enforcement
Alan Zinser	02/22/2018	
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	state, under penalties of false statement, that I have accepted my apposite the candidate's designated deputy treasurer of this candidate commine event of a vacancy caused by the treasurer's death, incapacity or reme responsible for discharging all of the duties required of the vacating in the State of Connecticut. I intend to comply with all the campaign ents as contained in Chapter 155 through 157 of the General Statutes, ions or restrictions concerning campaign contributions and expenditure.	ttee, and I understand signation, I shall g treasurer. I certify finance registration and and to abide by any
I certify that I have p	paid any civil penalties or forfeitures assessed pursuant to Chapters 1:	55 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the (	not been convicted of or pled guilty or nolo contendere to, in a court of felony involving fraud, forgery, larceny, embezzlement or bribery, of General Statues, or that at least eight years have elapsed from the date on of any sentence, whichever date is later, without a subsequent conformation of offense.	or (B) criminal offense e of the conviction or
I certify that I am no	ot otherwise barred from serving as a deputy treasurer by order of the	State Elections
Enforcement Comm		State Elections



# **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 becaus (CHECK ONE)
poli	itical committee	ate of candidates whose campaigns are being funded solely v a town committee or a formed for a single election or primary and expenditure and decomy behavioral be amittee sponsoring my candidacy. The name of this sponsor 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.	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)