SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



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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	2)		
5. PARTY AFFILIATION								
✓ Republican Democratic Other (Specify)								
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Nick			DeLucia					
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address				Address				
11 Caulkins Rd								
City		State	Zip Code	City		State	Zip Code	
Norwich		СТ	06360					
9. CANDIDATE TELEPHONE 10			10. CANDIDATE EMAIL ADDRESS					
Include Area Code)		_					_	

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

3029

861

(Check one)

860

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

DeLuciaForStateRep@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

Revised September 2016



REGISTRATION TYPE	CANDIDATE NAME						
✓ Initial Amendment	Nick DeLucia						
12. COMMITTEE NAME							
DeLucia 2018	DeLucia 2018						
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
				Email Address			
11 Caulkins Rd			I a. a .				
City State		Zip Code 06360	Website				
Norwich		СТ					
16. TREASURER NAME							
First Name			MI	Last Name Suffix			
Michael			P	Gualtieri			
17. TREASURER RESIDENCE	ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
16 N Wawecus Hill Rd							
City		State	Zip Code	City	State	Zip Code	
Norwich		СТ	06360				
19. TREASURER TELEPHONE 20. TREASURER EN			1AIL ADDRESS				
(Include Area Code)							
860 861 4717	860 861 4717 michaelgualtieri@			sbcglobal.net			
21. DEPUTY TREASURER NAME							
First Name		MI	Last Name		Suffix		
Michael				Meadows			
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)				
Street Address Add				Address			
119 Main St							
City		State	Zip Code 06330	City	State	Zip Code	
Baltic		CT	00330				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS				
(Include Area Code)							
860 389 4020		mpmeadowsspraguertc@gmail.com					
26. DEPOSITORY INSTITUTION	ON NAME						
People's United Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address 45 Town Street, Norwich, CT 06360							
, , , , , , , , , , , , , , , , , , , ,							

SEEC FORM 1A

Michael Meadows

DEPUTY TREASURER SIGNATURE

✓ Initial Amendment Nick 28. CERTIFICATION Candidate I hereby certify and state, use committee registration state this statement includes my or deputy treasurer have incompleted in the complete of the c	DeLucia Inder penalties of false statement, that all of the designations set forth in this candidate ement are true and accurate to the best of my knowledge and belief, and further, that certification to the fact that any individual designated herein to serve as my treasurer dicated to me their acceptance of my appointment of them to those positions. O2/26/2018 DATE (mm/dd/yyyy)
28. CERTIFICATION Candidate I hereby certify and state, use committee registration state this statement includes my or deputy treasurer have included and candidate signature Treasurer I hereby certify and state, use the committee of the com	ander penalties of false statement, that all of the designations set forth in this candidate ement are true and accurate to the best of my knowledge and belief, and further, that certification to the fact that any individual designated herein to serve as my treasurer dicated to me their acceptance of my appointment of them to those positions. O2/26/2018
I hereby certify and state, use committee registration state this statement includes my or deputy treasurer have included and the committee registration state. Nick DeLucia CANDIDATE SIGNATURE Treasurer I hereby certify and state, use committee the committee of the committe	ement are true and accurate to the best of my knowledge and belief, and further, that certification to the fact that any individual designated herein to serve as my treasurer dicated to me their acceptance of my appointment of them to those positions. 02/26/2018
I hereby certify and state, use committee registration state this statement includes my or deputy treasurer have included in the Nick DeLucia CANDIDATE SIGNATURE Treasurer I hereby certify and state, use the committee of the	ement are true and accurate to the best of my knowledge and belief, and further, that certification to the fact that any individual designated herein to serve as my treasurer dicated to me their acceptance of my appointment of them to those positions. 02/26/2018
Treasurer I hereby certify and state, u	
Treasurer I hereby certify and state, u	DATE (mm/dd/yyyy)
I hereby certify and state, u	
elector in the State of Conn requirements as contained i limitations or restrictions co	ander penalties of false statement, that I have accepted my appointment by the andidate's designated treasurer of this candidate committee. I certify that I am an accticut. I intend to comply with all the campaign finance registration and disclosure in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, oncerning campaign contributions and expenditures.
I certify that I have not bee jurisdiction, any (A) felony under Title 9 of the Genera plea or the completion of a another such felony or offe	
Commission.	wise barred from serving as a treasurer by order of the State Elections Enforcement
Michael P Gualtieri	02/26/2018
TREASURER SIGNATURE	DATE (mm/dd/yyyy)
candidate to serve as the ca and accept that, in the even automatically become respe that I am an elector in the S disclosure requirements as prohibitions, limitations or I certify that I have paid an I certify that I have not bee jurisdiction, any (A) felony	ander penalties of false statement, that I have accepted my appointment by the andidate's designated deputy treasurer of this candidate committee, and I understand at of a vacancy caused by the treasurer's death, incapacity or resignation, I shall consible for discharging all of the duties required of the vacating treasurer. I certify state of Connecticut. I intend to comply with all the campaign finance registration and contained in Chapter 155 through 157 of the General Statutes, and to abide by any restrictions concerning campaign contributions and expenditures. The penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. In convicted of or pled guilty or nolo contendere to, in a court of competent or involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense all Statues, or that at least eight years have elapsed from the date of the conviction or my sentence, whichever date is later, 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 Enforcement Commission.

02/26/2018

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	N FOR EXEMPTION	ON FROM FORMING A CANDIDATE COMMITTEE			
	I hereby certify that I am exempt from forming a candidate committee because (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)			