SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



	MEN	VT COMM							
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICI	2. MUNICIPALITY					
✓ Initial Amendment	Nov 2018			(If applicable)	(If applicable)				
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER				
State Representative					(If applicable) 083				
5. PARTY AFFILIATION									
✓ Republican Democratic Other (Specify)									
6. CANDIDATE NAME									
First Name		MI	Last Name	Last Name Suffix				Suffix	
Lou			Arata	Arata					
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)					
Street Address				Address					
750 Allen Ave									
City		State	Zip Code	City				State	Zip Code
Meriden		СТ	06451						
9. CANDIDATE TELEPHON	10. CANDIDATE EMAIL ADDRESS								
Include Area Code)							•		

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

4246

770

(Check one)

603

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

louarata@outlook.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 I Amendment Lou Ara							
12. COMMITTEE NAME							
Arata 2018							
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & V	VEBSITE			
Address			Email Address				
750 Allen Ave							
City State Zi			Website				
Meriden	СТ	06451					
16. TREASURER NAME	·						
First Name		MI	Last Name Suffi				
David			White				
17. TREASURER RESIDENCE ADDRE	ESS		18. TREASURER MAILING ADDRESS (If different	18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address				
1274 E Main St Unit A4			15 Commerce Cir	15 Commerce Cir			
City	State	Zip Code 06450	City	State	Zip Code		
Meriden	Meriden CT		Durham	СТ	06422		
19. TREASURER TELEPHONE	20. TRE	ASURER E	EMAIL ADDRESS				
(Include Area Code)							
203 464 7648 dhwhite@cox.net			t				
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. DEPUTY TREAS			SURER EMAIL ADDRESS				
(Include Area Code)							
26. DEPOSITORY INSTITUTION NAME							
Ion Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
1231 East Main Street, Meriden, CT 06450							

SEEC FORM 1ARevised September 2016

REGISTRA	ATION TYPE	CANDIDATE NAME
✓ Initial	Amendment	Lou Arata
28. CERTIF	FICATION	
common this s	mittee registrationstatement includ	ate, under penalties of false statement, that all of the designations set forth in this candidate in statement are true and accurate to the best of my knowledge and belief, and further, that is my certification to the fact that any individual designated herein to serve as my treasurer we indicated to me their acceptance of my appointment of them to those positions.
Lou	02/25/2018	
CANE	DIDATE SIGNATURE	DATE (mm/dd/yyyy)
Treasurer		
I here candi electe requi	idate to serve as or in the State o rements as cont	ate, under penalties of false statement, that I have accepted my appointment by the he candidate's designated treasurer of this candidate committee. I certify that I am an Connecticut. I intend to comply with all the campaign finance registration and disclosure ined in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ons concerning campaign contributions and expenditures.
I cert	rify that I have p	id any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
juriso unde plea anoth I cert	diction, any (A) r Title 9 of the (or the completion er such felony of	t been convicted of or pled guilty or nolo contendere to, in a court of competent elony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense eneral Statues, or that at least eight years have elapsed from the date of the conviction or of any sentence, whichever date is later, without a subsequent conviction of or plea to offense. otherwise barred from serving as a treasurer by order of the State Elections Enforcement
Dav	id White	02/26/2018
TREA	SURER SIGNATURE	DATE (mm/dd/yyyy)
Deputy Treasure	ar	
I here cand and a autor that I discle	eby certify and sidate to serve as accept that, in the matically become am an elector is osure requireme	ate, under penalties of false statement, that I have accepted my appointment by the he candidate's designated deputy treasurer of this candidate committee, and I understand event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall responsible for discharging all of the duties required of the vacating treasurer. I certify the State of Connecticut. I intend to comply with all the campaign finance registration and ts as contained in Chapter 155 through 157 of the General Statutes, and to abide by any ns or restrictions concerning campaign contributions and expenditures.
I cert	rify that I have p	id any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
juriso unde plea	diction, any (A) r Title 9 of the (t been convicted of or pled guilty or nolo contendere to, in a court of competent elony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense eneral Statues, or that at least eight years have elapsed from the date of the conviction or of any sentence, whichever date is later, without a subsequent conviction of or plea to offense.
	rify that I am no	otherwise barred from serving as a deputy treasurer by order of the State Elections sion.
DEPU	TY TREASURER SIGNA	URE 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 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 expendit to the decomposition of the 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 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)