SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



]	
REGISTRATION TYPE 1. ELECTION DATE (mm/d.		E (mm/dd/y	yyy)	2. MUNICIPALITY				
				(If applicable)				
✓ Initial Amendment	Nov 2018							
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER			
					(If applicable	;)		
State Senator				014				
5. PARTY AFFILIATION								
✓ Republican Democratic			Other (Speci	fy)				
•	-F							
6. CANDIDATE NAME								
First Name			MI	Last Name St		Suffix		
Anthony			S	Giannattasio				
7. CANDIDATE RESIDENCE	ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
58 Rosebrook Rd								
City		State	Zip Code	City		State	Zip Code	
Milford		СТ	06460					
9. CANDIDATE TELEPHONE		10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)								
203 876 12	238	TonyGforSenate@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





REGISTRATION TYPE CANDIDATE NA	CANDIDATE NAME					
✓ Initial I Amendment Anthony S Gial	Anthony S Giannattasio					
12. COMMITTEE NAME						
Tony G. for Senate						
13. COMMITTEE ADDRESS		14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address		Email Address				
155 Castle Ln	T					
City	State	Zip Code 06460	Website			
Milford	СТ	00.00				
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
lla		М	Tokarz			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
155 Castle Ln						
City	State Zip Code 06460		City	State	Zip Code	
Milford						
19. TREASURER TELEPHONE 20. TREASURER EM			IAIL ADDRESS			
(Include Area Code) 203 362 7818 ila.tokarz@gmail.c			om			
21 DEDUTY THE ACTION NAME						
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	
Cay	State	Дър соце				
24. DEPUTY TREASURER TELEPHONE	25 DEP	HTV TREAS	URER EMAIL ADDRESS			
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME						
Milford Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
33 Broad Street, Milford, CT 06460						

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REGISTRA	TION TYPE	CANDIDATE NAME	
✓ Initial	Amendment	Anthony S Giannattasio	
28. CERTIF	ICATION		
comn this so or de	nittee registration tatement include puty treasurer h	ate, under penalties of false statement, that all of the designations set forth in this candidate a 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.	
Anthony S Giannattasio 03/14/2018			
CAND	IDATE SIGNATURE	DATE (mm/dd/yyyy)	
candi electo requi limita	date to serve as or in the State or rements as contitions or restrict	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. id any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.	
I certi jurisd under plea c anoth I certi	ify that I have n iction, any (A) Title 9 of the Cor the completion or 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	
Ila M Tokarz 03/13/2018			
TREAS	URER SIGNATURE	DATE (mm/dd/yyyy)	
candiand are auton that I discloprohil I certifurisd under plea canoth	by certify and so date to serve as eccept that, in the natically become am an elector in osure requirement bitions, limitation of that I have particularly that I have no iction, any (A) Title 9 of the Correct the completion er such felony of	otherwise barred from serving as a deputy treasurer by order of the State Elections	
DEPUT	Y 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 because (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 property of the committee sponsoring my candidacy. The name of this sponsoring 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)				