SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



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 091	e)	
5. PARTY AFFILIATION							
Republican	✓ Democratic		Other (Spece	jfy)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Michael			С	D'Agostino			
7. CANDIDATE RESIDENC	E ADDRESS		1	8. CANDIDATE MAILING ADDRESS	(If different)		
Street Address				Address			
575 Ridge Rd							
City		State	Zip Code	City		State	Zip Code
Hamden		СТ	06517				
9. CANDIDATE TELEPHONE 10. CA		10. CAN	DIDATE EN	ATE EMAIL ADDRESS			
(Include Area Code)	nclude Area Code)						
203 768	5070	Micha	el.dagostino	@morganlewis.com			
11. DESIGNATION OF CAN	IPAIGN FUNDING	SOURCE					
(Check one)							
✓ A. I am for mi Registration	-	commi	ttee and I	am required to file a Candidate	e Comm	ittee	
Go to Form	1A and complete	pages 2	and 3 — Co	andidate Registration Statement.			
-	pt from forming ng a Candidate C	•		mittee and I am filing a Certifi	cation o	ofExem	ption
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 <i>together with</i> either Form 1A, "Registration of Candidate Committee," <i>or</i> 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	Michael C D'Agostino						
12. COMMITTEE NAME							
Mike For CT							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address				Email Address			
575 Ridge Rd				info@mikedagostino.com			
City		State Zip Code		Website			
Hamden		СТ	06517	www.mikedagostino.com			
16. TREASURER NAME				•			
First Name			MI	Last Name		Suffix	
Kristin				Dolan			
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
100 Adla Dr							
City		State	Zip Code	City	State	Zip Code	
Hamden		СТ	06517				
19. TREASURER TELEPHON	IE	20. TREASURER EMAIL ADDRESS					
(Include Area Code)							
203 710 9265							
21. DEPUTY TREASURER NA	AME						
First Name			MI	Last Name		Suffix	
Eleazar				Lanzot			
22. DEPUTY TREASURER RESIDENCE ADDRESS				23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
430 Whalley Ave Apt 2							
City		State	Zip Code	City	State	Zip Code	
New Haven		СТ	06511				
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS		URER EMAIL ADDRESS					
(Include Area Code)							
203 444 375	9	Volunteer@mikedagostino.com					
26. DEPOSITORY INSTITUT	ION NAME						
Bankwell							
27. DEPOSITORY INSTITUT	ION ADDRESS						
Address							
Dixwell Avenue, Hamden, CT 06518							

SEEC FORM 1A

Revised September 2016

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REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendment	Michael C D'Agostino	
28. CERTIFICATION		

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

Michael C D'Agostino	04/26/2018
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)

Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.

Kristin Dolan	04/25/2018
TREASURER SIGNATURE	DATE (mm/dd/yyyy)

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

Eleazar Lanzot	04/27/2018	
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/yyyy)	

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SEEC FORM 1B STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee Revised September 2016



DECICED ATION TYPE	CANDIDATE NAME			
REGISTRATION TYPE				
□ Initial □ Amendmen				
12. REASON FOR EXEMP	12. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE			
I hereby cer	ify that I am exempt from forming a candidate committee because (CHECK ONE)			
political commit	a slate of candidates whose campaigns are being funded soler, we a town committee or a see formed for a single election or primary and expendit the soler of the second se			
	OR			
contributions fro thousand dollars	g my campaign entirely from my own verse al fun is and will not request or receive in other individuals or committees and I to terstation of if I make expenditures exceeding one (\$1,000) that I shall be reconstant for filing financial disclosure statements (SEEC Form 23) same schedule and in the campaigneer as received of treasurers of candidate committees.			
C. I do not inte				
	OR			
D. I do	nd to receive or expend any funds, including personal funds, for this campaign.			
13. CER				
	nd state, under penalties of false statement, that this statement of exemption from forming a ttee, for the reason checked above, is true, accurate and complete to the best of my elief.			
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)			