### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

### **Registration by Candidate**

Revised September 2016



		1700				<u> </u>	
REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)				2. MUNICIPALITY			
✓ Initial   Amendment				(If applicable)			
V Illitai   Amendment	Nov 2018						
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER		
Lieutenant Governor					(If applicable)		
5. PARTY AFFILIATION							
✓ Republican Democratic Other (Specify)							
6. CANDIDATE NAME							
First Name			MI	Last Name		Suffix	
Peter			J	Tesei			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
4 Indian Pass							
City		State	Zip Code	City	State	Zip Code	
Greenwich		CT	06830				
9. CANDIDATE TELEPHONE 10. CAND			DIDATE EN	IAIL ADDRESS			
Include Area Code)							
203 536	1511 pjtgrnwch@aol.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**

Revised September 2016



REGISTRATION TYPE	CANDIDATE NAME						
✓ Initial   Amendment	Peter J Tesei						
12. COMMITTEE NAME							
Tesei for CT							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address			Email Address				
432 Lakeside Blvd W			_	pjtgrnwch@aol.com			
		Zip Code 06708	Website				
Waterbury		CT	00700				
16. TREASURER NAME							
First Name			MI	Last Name Suffix			
Lisa			Т	Valenti			
17. TREASURER RESIDENCE ADDRESS				18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
22 Wood Ave							
City		State	Zip Code	City	State	Zip Code	
Trumbull		СТ	06611				
19. TREASURER TELEPHON	Е	20. TRE	EASURER EN	MAIL ADDRESS			
(Include Area Code)							
203 257 2127 LTV22@aol.co			2@aol.com				
21. DEPUTY TREASURER NA	ME						
First Name		MI	Last Name		Suffix		
22. DEPUTY TREASURER RESIDENCE ADDRESS  Street Address			23. DEPUTY TREASURER MAILING ADDRESS (If different) Address				
City		State	Zip Code	City	State	Zip Code	
A4 DEDIGN THE ACTION TO	II EDITONE	45 DED		WINDER FWAY ARREST			
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TRE (Include Area Code)			UTY TREAS	SURER EMAIL ADDRESS			
,							
26. DEPOSITORY INSTITUTI	ON NAME						
Webster Bank NA							
27. DEPOSITORY INSTITUTION ADDRESS							
Address OT 00705							
544 Straits Turnpike, Watertown, CT 06795							
				<u> </u>			

REGISTRATION TYPE	CANDIDATE NAME
/ Initial   Amendment	Peter J Tesei
3. CERTIFICATION	
committee registration this statement include	state, under penalties of false statement, that all of the designations set forth in this candidon statement are true and accurate to the best of my knowledge and belief, and further, the les my certification to the fact that any individual designated herein to serve as my treasurate indicated to me their acceptance of my appointment of them to those positions.
Peter J Tesei	05/01/2018
CANDIDATE SIGNATURE	DATE (mm/dd/yyyy)
candidate to serve as elector in the State of requirements as contalimitations or restrict  I certify that I have p  I certify that I have n jurisdiction, any (A) under Title 9 of the C	state, under penalties of false statement, that I have accepted my appointment by the the candidate's designated treasurer of this candidate committee. I certify that I am an f Connecticut. I intend to comply with all the campaign finance registration and disclosu ained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibition concerning campaign contributions and expenditures.  The penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. The penalties or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offens General Statues, or that at least eight years have elapsed from the date of the conviction of on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.
I certify that I am not Commission.	t otherwise barred from serving as a treasurer by order of the State Elections Enforcemen
Lisa T Valenti	05/01/2018
TREASURER SIGNATURE	DATE (mm/dd/yyyy)
candidate to serve as and accept that, in the automatically becom- that I am an elector in disclosure requireme	state, under penalties of false statement, that I have accepted my appointment by the the candidate's designated deputy treasurer of this candidate committee, and I understante event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall be responsible for discharging all of the duties required of the vacating treasurer. I certify in the State of Connecticut. I intend to comply with all the campaign finance registration ents as contained in Chapter 155 through 157 of the General Statutes, and to abide by any ons or restrictions concerning campaign contributions and expenditures.
I certify that I have p	paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction, any (A) under Title 9 of the C	not been convicted of or pled guilty or nolo contendere to, in a court of competent felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offens General Statues, or that at least eight years have elapsed from the date of the conviction of on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.
I certify that I am not Enforcement Commi	t otherwise barred from serving as a deputy treasurer by order of the State Elections ission.



# **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 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)