SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE 1. ELECTION DATE (mm/dd/yyyy)			2. MUNICIPALITY					
Initial				(If applicable)				
initial V Amendment	Nov 2018							
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NUMBER			
					(If applicable	2)		
State Representative					100			
5. PARTY AFFILIATION								
✓ Republican	Democratic		Other (Speci	fy)				
*								
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Anthony			S	Gennaro				
7. CANDIDATE RESIDENCE ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)					
Street Address			Address					
684 Laurel Grove Rd								
City		State	Zip Code	City		State	Zip Code	
Middletown		СТ	06457					
9. CANDIDATE TELEPHONE		10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)								
860 209	9272	TonyG	6810@gma	ail.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	CANDIDATE NAME					
Initial I Amendment Anthony S G	Anthony S Gennaro					
12. COMMITTEE NAME						
Gennaro 100th 2018						
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE			
Address			Email Address			
684 Laurel Grove Rd	Lau	Ta: 0.1	tonyg6810@gmail.com			
City	State	Zip Code 06457	Website			
Middletown	СТ					
16. TREASURER NAME		T	To the		1	
First Name		MI	Last Name Suffix			
Deborah			Kleckowski			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
197 Coleman Rd						
City	State	Zip Code 06457	City	State	Zip Code	
Middletown CT						
19. TREASURER TELEPHONE 20. TREASURER EM			AAIL ADDRESS			
(Include Area Code)						
860 716 7672	Debile	e14@hotma	ail.com			
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
Cheryl			Monarca			
			23. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If differen	nt)	
Street Address A			Address			
11 Caroldon Rd						
City	State	Zip Code 06457	City	State	Zip Code	
Middletown	СТ	00437				
24. DEPUTY TREASURER TELEPHONE	EPUTY TREASURER TELEPHONE 25. DEPUTY TREASU					
(Include Area Code)		0 1				
860 770 8272	cmmonarca@yahoo.com					
26. DEPOSITORY INSTITUTION NAME						
Liberty Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address						
315 Main Street, Middletown, CT 06457						
			<u> </u>			

SEEC FORM 1A Revised September 2016

DEPUTY TREASURER SIGNATURE

Revised September 2016						
REGISTR	ATION TYPE	CANDIDATE NAME				
Initial	✓ Amendment	Anthony S Gennaro				
28. CERTII	FICATION					
com this or de	mittee registrationstatement includ	on statement are true and access my certification to the fa	se statement, that all of the designations set forth in this candidate ecurate to the best of my knowledge and belief, and further, that act that any individual designated herein to serve as my treasurer ecceptance of my appointment of them to those positions. 07/15/2018 DATE (mm/dd/yyyy)			
Treasurer						
I her cand elect requ limit	idate to serve as or in the State of irements as contrations or restrict	the candidate's designated f Connecticut. I intend to cained in Chapter 155 throu ions concerning campaign	se statement, that I have accepted my appointment by the treasurer of this candidate committee. I certify that I am an comply with all the campaign finance registration and disclosure gh 157 of the General Statutes, and to abide by any prohibitions, contributions and expenditures.			
I cer	tify that I have p	aid any civil penalties or fo	orfeitures assessed pursuant to Chapters 155 to 157, inclusive.			
jurise unde plea anoth I cer Com	diction, any (A) or Title 9 of the Cor the completion ther such felony of tify that I am not mission.	felony involving fraud, for General Statues, or that at loon of any sentence, whichever offense.	ed guilty or nolo contendere to, in a court of competent gery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or wer date is later, without a subsequent conviction of or plea to every as a treasurer by order of the State Elections Enforcement			
Deb ——	orah Kleckowski		07/13/2018			
TREA	SURER SIGNATURE		DATE (mm/dd/yyyy)			
cand and a auto that discl proh	eby certify and sidate to serve as accept that, in the matically becom I am an elector is osure requirementations, limitations	the candidate's designated e event of a vacancy cause e responsible for dischargin the State of Connecticut. Ints as contained in Chapter ons or restrictions concerni	se statement, that I have accepted my appointment by the deputy treasurer of this candidate committee, and I understand d by the treasurer's death, incapacity or resignation, I shall ng all of the duties required of the vacating treasurer. I certify I intend to comply with all the campaign finance registration and r 155 through 157 of the General Statutes, and to abide by any ng campaign contributions and expenditures.			
1 001	I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.					
juris unde plea	diction, any (A) or Title 9 of the (felony involving fraud, for General Statues, or that at loon of any sentence, whichever	ed guilty or nolo contendere to, in a court of competent gery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or wer date is later, without a subsequent conviction of or plea to			
	tify that I am not reement Commi		ving as a deputy treasurer by order of the State Elections			
Che	eryl Monarca		07/14/2018			

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	12. REASON FOR EXEMPTION 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 we a town committee or a political committee formed for a single election or primary and expendit to the decomposition of the properties of the committee sponsoring my candidacy. The name of this spaces committee 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)				