### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

### **Registration by Candidate**

Revised September 2016



2. MUNICIPALITY
(If applicable)

							<u> </u>	
REGISTRATION TYPE	E (mm/dd/y	יעעי)	2. MUNICIPALITY					
✓ Initial   Amendment	nent Nov 2018			(If applicable)				
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NUMBER			
					(If applicable)			
State Representative					120			
5. PARTY AFFILIATION								
Republican   Democratic			Other (Speci	:ify) 				
6. CANDIDATE NAME								
First Name			MI	Last Name			Suffix	
Phillip				Young				
7. CANDIDATE RESIDENCI	E ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)				
Street Address				Address				
88 Wood Ave								
City		State	Zip Code	City		State	Zip Code	
Stratford		CT	06614					
9. CANDIDATE TELEPHON	IE .	10. CANDIDATE EMAIL ADDRESS						
(Include Area Code)								
860 335	8720	PhilYoungforStateRep@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**

Revised September 2016



REGISTRATION TYPE CANDIDATE NAME							
✓ Initial   Amendment	itial I Amendment Phillip Young						
12. COMMITTEE NAME							
Phil Young for 120							
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address				Email Address			
88 Wood Ave		Γ					
City		State	Zip Code 06614	Website			
Stratford CT			00014				
16. TREASURER NAME							
First Name			MI	Last Name Suffix			
Steve				Taccogna			
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
72 Sunflower Ave							
City		State	Zip Code	City	State	Zip Code	
Stratford		СТ	06614				
19. TREASURER TELEPHON	E	20. TRE	ASURER EM	IAIL ADDRESS			
(Include Area Code) 203 556 3105		TCogn	com				
21. DEPUTY TREASURER NA	MF						
First Name			MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS				23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address				
a:	Ţ	Q	7: 0.1	a:	I co	7. 0.1	
City		State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			UTY TREAS	URER EMAIL ADDRESS			
(Include Area Code)							
26. DEPOSITORY INSTITUTION NAME							
Webster Bank N.A.							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
450 Barnum Avenue Cutoff, Stratford, CT 06614							
				· · · · · · · · · · · · · · · · · · ·			

REGISTRATION TYPE		CANDIDATE NAME						
Initial	Amendment	Phillip Young						
8. CERTIFI	ICATION							
comm this st	nittee registrationates atement includ	on statement are true and acces my certification to the fa	se statement, that all of the designations set forth in this candidate ccurate 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.					
Phill	ip Young		04/19/2018					
CANDI	DATE SIGNATURE		DATE (mm/dd/yyyy)					
I certi jurisd under plea o	date to serve as or in the State of the State of the sements as contitions or restrict fy that I have pure fy that I have pure fixed and the second of the Corthagon of the completion of the such felony of the services and the services are such felony of	the candidate's designated Connecticut. I intend to cained in Chapter 155 throughout concerning campaign aid any civil penalties or foot been convicted of or ple felony involving fraud, for General Statues, or that at lean of any sentence, whichever offense.	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.  Orfeitures assessed pursuant to Chapters 155 to 157, inclusive. In discreption of competent gery, larceny, embezzlement or bribery, or (B) criminal offense east eight years have elapsed from the date of the conviction or over date is later, without a subsequent conviction of or plea to every as a treasurer by order of the State Elections Enforcement					
Comn	nission.							
	e Taccogna  URER SIGNATURE		04/19/2018					
TREAS	ORER SIGNATURE		DATE (mm/dd/yyyy)					
candic and ac autom that I disclo	by certify and s date to serve as ecept that, in the natically become am an elector insure requireme	the candidate's designated e event of a vacancy caused e responsible for dischargin the State of Connecticut. Ints as contained in Chapter	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 155 through 157 of the General Statutes, and to abide by any ng campaign contributions and expenditures.					
I certi	fy that I have p	aid any civil penalties or fo	orfeitures assessed pursuant to Chapters 155 to 157, inclusive.					
jurisd under plea o	iction, any (A) Title 9 of the 0	felony involving fraud, forgeneral Statues, or that at less of any sentence, whichever	d 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 yer date is later, without a subsequent conviction of or plea to					
	fy that I am no cement Commi		ving as a deputy treasurer by order of the State Elections					



# **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	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)				