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	Amendment Nov 2018			(If applicable)					
3. OFFICE OR POSITION SOUGHT					4. DISTRICT NUMBER				
					(If applicable)				
State Representative					080				
5. PARTY AFFILIATION									
Republican	✓ Democratic		Other (Spec	ify)					
6. CANDIDATE NAME									
First Name			MI	Last Name			Suffix		
David				Borzellino					
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS	(If different)				
Street Address				Address					
88 S Colman Rd									
City		State	Zip Code	City		State	Zip Code		
Wolcott		СТ	06716						
9. CANDIDATE TELEPHON	NE	10. CAN	DIDATE EN	C EMAIL ADDRESS					
(Include Area Code)									
203 232 0955			daborzellino@gmail.com						
11. DESIGNATION OF CAN	IPAIGN FUNDING	SOURCE	2						
(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 — Co	andidate Registration Statement.					
-	pt from forming ng a Candidate C			imittee 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									

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.

of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee. See Section 9-623(b), Connecticut General Statutes.

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement



Revised September 2016

REGISTRATION TYPE	CANDIDATE NA	ME					
Initial I Amendment David Borzellino							
12. COMMITTEE NAME							
Borzellino for State Repres	sentative						
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address				Email Address			
88 S Colman Rd				daborzellino@gmail.com			
City		State	Zip Code 06716	Website			
Wolcott		СТ	06716				
16. TREASURER NAME							
First Name			MI	Last Name		Suffix	
James				Sinclair			
17. TREASURER RESIDENCE	E ADDRESS			18. TREASURER MAILING ADDRESS (If different,)		
Street Address				Address			
27 Hobart St							
City		State	Zip Code	City	State	Zip Code	
Southington		СТ	06489- 3358				
19. TREASURER TELEPHON	IE	20. TRE	EASURER EN	IAIL ADDRESS			
(Include Area Code)							
860 840 9644			air@cox.net	t			
21. DEPUTY TREASURER NA	AME		-				
First Name			MI	Last Name		Suffix	
Jared			Т	Kosky			
22. DEPUTY TREASURER RE	ESIDENCE ADDR	ESS		23. DEPUTY TREASURER MAILING ADDRESS	${f S}$ (If different)	
Street Address				Address			
32 Winterbrook Rd							
City		State	Zip Code	City	State	Zip Code	
Wolcott		СТ	06716				
24. DEPUTY TREASURER TE	TERHONE			URER EMAIL ADDRESS			
(Include Area Code)		23. DEF	UTTTKEAS	UKEK EMAIL ADDRESS			
860 302 853							
26. DEPOSITORY INSTITUT	ION NAME						
Webster Bank							
27. DEPOSITORY INSTITUT	ION ADDRESS						
Address							
710 Wolcott Road, Wolcot	t, CT 06716			<u> </u>			

SEEC FORM 1A

Revised September 2016

REGISTRATION TYPE		CANDIDATE NAME			
✓ Initial	Amendment	David Borzellino			
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.

David Borzellino	05/28/2018
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.

James Sinclair	05/28/2018
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.

Jared T Kosky		05/28/2018	
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 EXEMPTION FROM FORMING A CANDIDATE COMMITTEE				
I hereby cer	ify that I am exempt from forming a candidate committee because (CHECK ONE)			
□ A. I am one of a slate of candidates whose campaigns are being funded solely by a town committee or a political committee formed for a single election or primary and expenditure and the total be reported by the committee sponsoring my candidacy. The name of this space committee is:				
	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				
I here a certify and state, under penalties of false statement, that this statement of exemption from forming a candidate committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.				
CANDIDATE SIGNATUR	DATE (mm/dd/yyyy)			