SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



REGISTRATION TYPE	1. ELECTION DAT	Γ E (mm/dd/y	vyyy)	2. MUNICIPALITY			
✓ Initial Amendment Nov 2018			(If applicable)				
3. OFFICE OR POSITION S	OUGHT				4. DISTRICT NUMBER		
					(If applicabl	e)	
State Representative					113		
5. PARTY AFFILIATION							
Republican	 ✓ Democratic 		Other (Spec	ify)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Elaine				Matto			
7. CANDIDATE RESIDENC	E ADDRESS			8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
88 Audobon Ln							
City		State	Zip Code	City		State	Zip Code
Shelton		СТ	06484				
9. CANDIDATE TELEPHON	NE	10. CANDIDATE EMAIL ADDRESS					
(Include Area Code)							
203 257	5315	ematte	o@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 <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							

candidate Committee," *or* Form 1B "Exemption from Forming a Candidate Committee," within 10 day 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 NA	ME					
✓ Initial Amendment	Elaine Matto						
12. COMMITTEE NAME							
Elaine Matto For State Re	presentative						
13. COMMITTEE ADDRESS				14. & 15. COMMITTEE EMAIL ADDRESS & W	EBSITE		
Address				Email Address			
64 Cloverdale Ave			jeancyr64@aol.com				
City		State	Zip Code	Website			
Shelton		СТ	06484				
16. TREASURER NAME							
First Name			MI	Last Name		Suffix	
Jean			А	Cayer			
17. TREASURER RESIDENC	E ADDRESS			18. TREASURER MAILING ADDRESS (If different,)		
Street Address				Address			
64 Cloverdale Ave							
City		State	Zip Code	City	State	Zip Code	
Shelton		СТ	06484				
19. TREASURER TELEPHON	NE	20. TREASURER EMAIL ADDRESS					
(Include Area Code)							
203 929 6931		jeancyr64@gmail.com					
21. DEPUTY TREASURER NA	AME		T	1			
First Name			MI	Last Name		Suffix	
David			M	Gioiello		Jr	
22. DEPUTY TREASURER R	ESIDENCE ADDR	ESS		23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
65 Walnut Tree Hill Rd							
City		State	Zip Code	City	State	Zip Code	
Shelton		СТ	06484				
24. DEPUTY TREASURER TI	ELEPHONE		UTV TREAS	URER EMAIL ADDRESS	I		
(Include Area Code)		201211					
203 926 0712 d.gioiello@ih-sc.com			om				
26. DEPOSITORY INSTITUT	ION NAME						
TD Bank							
27. DEPOSITORY INSTITUTION ADDRESS							
Address							
820 Bridgeport Avenue, S	helton, CT 0648	4					

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REGISTRATION TYPE		CANDIDATE NAME
✓ Initial	Amendment	Elaine Matto
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.

Elaine Matto	05/29/2018
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.

Jean A Cayer	05/29/2018
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.

David M Gioiello Jr	05/29/2018	
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				
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)			
□ 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 committee of the reported by the committee sponsoring my candidacy. The name of this sponsories committee is:				
	OR			
B. I am funding my campaign entirely from my own verse al funds and will not request or receive contributions from other individuals or committees and I to derstand to if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be recensive for filing financial disclosure statements (SEEC Form 23) according to the same schedule and in the annunative ras received of treasurers of candidate committees.				
C. I do not inte				
	OR			
D. I do the order of the order of the period 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)			