### **SEEC FORM 1**

#### STATE ELECTIONS ENFORCEMENT COMMISSION

### Registration by Candidate

Amendment

Revised September 2016

**REGISTRATION TYPE** 

3. OFFICE OR POSITION SO

Lieutenant Governor

✓ Initial



S S S S S S S S S S S S S S S S S S S	
1. ELECTION DATE (mm/dd/yyyy)	2. MUNICIPALITY
	(If applicable)
Nov 2018	
DUGHT	4. DISTRICT NUMBER
	(If applicable)

#### 5. PARTY AFFILIATION ✓ Other (Specify) Unaffiliated Republican Democratic 6. CANDIDATE NAME First Name Last Name Suffix Α Richard Varrone 7. CANDIDATE RESIDENCE ADDRESS 8. CANDIDATE MAILING ADDRESS (If different) Street Address Address 24 Dewey Ave City Zip Code State Zip Code State City 06460 Milford CT 9. CANDIDATE TELEPHONE 10. CANDIDATE EMAIL ADDRESS (Include Area Code) 218 8160 rick@manleyforct.com 203

#### 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 N.	CANDIDATE NAME						
✓ Initial I Amendment Richard A Vari	Richard A Varrone						
12. COMMITTEE NAME							
Varrone for Connecticut							
13. COMMITTEE ADDRESS			14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE				
Address			Email Address				
24 Dewey Ave			rick@manleyforct.com				
City	State	Zip Code <b>06460</b>	Website				
Milford	СТ	00400	www.manleyforct.com				
16. TREASURER NAME							
First Name		MI	Last Name Suffix				
Walter			Myslewski				
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)				
Street Address			Address				
55 Granville Ave							
City	State	Zip Code	City	State	Zip Code		
Milford	СТ	06460					
19. TREASURER TELEPHONE 20. TREASURER EM			AAIL ADDRESS				
(Include Area Code)							
203 650 4575 wmyslewski@ctdist			st.com				
21. DEPUTY TREASURER NAME							
First Name		MI	Last Name		Suffix		
22. DEPUTY TREASURER RESIDENCE ADDRESS		23. DEPUTY TREASURER MAILING ADDRESS (If different)					
Street Address			Address				
City	State	Zip Code	City	State	Zip Code		
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREASU			URER EMAIL ADDRESS				
(Include Area Code)							
26. DEPOSITORY INSTITUTION NAME							
The Milford Penk							
The Milford Bank							
27. DEPOSITORY INSTITUTION ADDRESS Address							
205 Bridgeport Avenue, Milford, CT 06460	)						
200 Bridgeport Averlue, Milliord, CT 00400	,			•			

SEEC FORM 1A Revised September 2016

REGISTRA	ATION TYPE	CANDIDATE NAME
✔ Initial	Amendment	Richard A Varrone
28. CERTIF	FICATION	
comr this s	mittee registrationstatement includ	state, under penalties of false statement, that all of the designations set forth in this candidate on statement are true and accurate to the best of my knowledge and belief, and further, that es my certification to the fact that any individual designated herein to serve as my treasurer ave indicated to me their acceptance of my appointment of them to those positions.
Ricl	hard A Varrone	06/29/2018
CAND	DIDATE SIGNATURE	DATE (mm/dd/yyyy)
I cert juriso under anoth	idate to serve as or in the State o irements as contations or restrict tify that I have putify that I have nudiction, any (A) r Title 9 of the Cor the completioner such felony of	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 a Connecticut. I intend to comply with all the campaign finance registration and disclosure ained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, ions concerning campaign contributions and expenditures.  aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. ot 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 offense General Statues, or that at least eight years have elapsed from the date of the conviction or on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.  It otherwise barred from serving as a treasurer by order of the State Elections Enforcement
Com	mission.	
	ter Myslewski	06/29/2018
TREA	SURER SIGNATURE	DATE (mm/dd/yyyy)
candi and a autor that I disclo	eby certify and sidate to serve as accept that, in the matically become am an elector is osure 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 understand e event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall e 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 and ints 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 cert	tify that I have p	aid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.
juriso unde plea o	diction, any (A) r Title 9 of the (	ot 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 offense General Statues, or that at least eight years have elapsed from the date of the conviction or on of any sentence, whichever date is later, without a subsequent conviction of or plea to or offense.
	tify that I am no rcement Commi	t otherwise barred from serving as a deputy treasurer by order of the State Elections ssion.
DEPU'	TY TREASURER SIGNA	TURE 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 becaus (CHECK ONE)						
A. I am one of a slate of candidates whose campaigns are being funded solely y a tow committee or a political committee formed for a single election or primary and expendit to the decomposition of the reported by the committee sponsoring my candidacy. The name of this sponsor committee is:							
		OR					
con thou	B. I am funding my campaign entirely from my own erstall funds and will not request or receive contributions from other individuals or committees and I to derstall at if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be reconstant for filing francial disclosure statements (SEEC Form 23) according to the same schedule and in the annument of the same as record of treasurers of candidate committees.						
C. I do not intend to receive experiments in excess of one thousand dollars (\$1,000).							
□ 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 se, for the reason checked above, is true, accurate and complete to the best of my ef.					
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)					