SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



Received by SEEC 06/03/2021 12:01 PM

REGISTRATION TYPE	1. ELECTION DAT	$\Gamma \mathbf{E}$ (mm/dd/	(צעעע)	2. MUNICIPALITY			
✓ Initial Amendment	Nov 2021 - Sp. Elec -			(If applicable)			
3. OFFICE OR POSITION SOUGHT					4. DISTR	RICT NUM	1BER
				(If applicable	e)		
Judge of Probate					800		
5. PARTY AFFILIATION							
✓ Republican	Democratic		Other (Spec	ify)			
6. CANDIDATE NAME							
First Name			MI	Last Name			Suffix
Michael			Α	Carrier			
7. CANDIDATE RESIDENCE ADDRESS				8. CANDIDATE MAILING ADDRESS (If different)			
Street Address				Address			
65 Elbridge Rd			PO Box 1295				
City		State	Zip Code	City		State	Zip Code
New Britain		CT	06052	New Britain		СТ	06050
9. CANDIDATE TELEPHON	NE .	10. CAN	NDIDATE EM	AAIL ADDRESS			
(Include Area Code)							
860 977 7734 mcarrier@webercarrier.com				carrier.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,

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement

Revised September 2016



REGISTRATION TYPE CANDIDATE N	CANDIDATE NAME							
✓ Initial I Amendment Michael A Car	Michael A Carrier							
12. COMMITTEE NAME	12. COMMITTEE NAME							
Carrier for Probate Judge								
13. COMMITTEE ADDRESS		14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE						
Address								
24 Cedar St	Zip Code							
City			Website					
New Britain CT		06052						
16. TREASURER NAME								
First Name		MI	Last Name Suffix					
Joseph		N	Rapisarda					
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)					
Street Address			Address					
26 Tavern Cir								
City	State	Zip Code 06457	City	State	Zip Code			
Middletown	CT	00457						
19. TREASURER TELEPHONE 20. TREASUR			AAIL ADDRESS					
(Include Area Code)								
860 597 7240 rapisard			h@gmail.com					
21. DEPUTY TREASURER NAME								
First Name		MI	Last Name		Suffix			
Rita		P	Carrier					
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)					
			Address					
65 Elbridge Rd	Γ			T -				
City	State	Zip Code 06052	City	State	Zip Code			
New Britain	CT	00002						
24. DEPUTY TREASURER TELEPHONE 25. DEPUTY TREAS			URER EMAIL ADDRESS					
	20. DEI							
(Include Area Code)								
		er5@comca	ast.net					
(Include Area Code)		er5@comca	ast.net					
(Include Area Code) 860 978 8360		er5@comca	ast.net					
(Include Area Code) 860 978 8360 26. DEPOSITORY INSTITUTION NAME TD Bank N.A. 27. DEPOSITORY INSTITUTION ADDRESS		er5@comca	ast.net					
(Include Area Code) 860 978 8360 26. DEPOSITORY INSTITUTION NAME TD Bank N.A.		er5@comca	ast.net					

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REGISTRATION TYPE	CANDIDATE NAME	
✓ Initial Amendment	Michael A Carrier	
28. CERTIFICATION		
committee registrate this statement inclusion deputy treasurer	d state, under penalties of false statement, that all of taken into the statement are true and accurate to the best of my udes my certification to the fact that any individual der have indicated to me their acceptance of my appoint	knowledge and belief, and further, that esignated herein to serve as my treasurer ment of them to those positions.
Michael A Carrier		05/30/2021
CANDIDATE SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve a elector in the State requirements as con limitations or restrict I certify that I have I certify that I have jurisdiction, any (A under Title 9 of the plea or the complet another such felony	not otherwise barred from serving as a treasurer by or	ate committee. I certify that I am an paign finance registration and disclosure statutes, and to abide by any prohibitions, ditures. The court of the competent ment or bribery, or (B) criminal offense psed from the date of the conviction or a subsequent conviction of or plea to
TREASURER SIGNATURE		DATE (mm/dd/yyyy)
candidate to serve a and accept that, in automatically beco that I am an elector disclosure requiren	d state, under penalties of false statement, that I have as the candidate's designated deputy treasurer of this the event of a vacancy caused by the treasurer's death ome responsible for discharging all of the duties require in the State of Connecticut. I intend to comply with ments as contained in Chapter 155 through 157 of the ations or restrictions concerning campaign contribution	candidate committee, and I understand h, incapacity or resignation, I shall red of the vacating treasurer. I certify all the campaign finance registration and General Statutes, and to abide by any

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.

Rita P Carrier	05/30/2021
DEPLITY TREASURER SIGNATURE	DATE (mm/dd/yyyyy)



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 becaus (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 expenditure and decomy behavioral be amittee sponsoring my candidacy. The name of this sponsor countries is:		
		OR		
con	tributions from cusand dollars (\$2)	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)		