

SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

Exploratory Committee Registration

Revised September 2016



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REGISTRATION TYPE	1. COMMITTEE NAME		
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Maltese For Mayor 2017		
2. SUBTYPE OF EXPLORATORY COMMITTEE <small>(Office(s) being considered—Check one box)</small>			
<input type="checkbox"/> A. Offices Include Statewide Office & General Assembly			
Including State Representative		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Including State Treasurer		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> B. Offices Include Statewide Offices Only			
Including State Treasurer		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> C. Offices Include General Assembly Only			
Including State Representative		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> D. Municipal & Other Offices excluding those in Box A, B and C.		East Haven <small>(Name of municipality—if applicable)</small>	
3. PARTY AFFILIATION			4. ELECTION DATE <small>(mm/dd/yyyy)</small>
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Other <small>(Specify)</small>			Nov 2017
5. COMMITTEE ADDRESS		6. COMMITTEE EMAIL & WEBSITE	
Address 11 Summit Ave		Email Address	
City East Haven	State CT	Zip Code 06512	Website
7. CANDIDATE NAME			
First Name Salvatore	MI R	Last Name Maltese	Suffix
8. CANDIDATE RESIDENCE ADDRESS		9. CANDIDATE MAILING ADDRESS <small>(If different)</small>	
Street Address 11 Holland Rd		Address	
City East Haven	State CT	Zip Code 06512	City
10. CANDIDATE TELEPHONE		11. CANDIDATE EMAIL ADDRESS	
<small>(Include Area Code)</small> 203 589 4709		salmaltese@comcast.net	

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REGISTRATION TYPE	COMMITTEE NAME				
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Maltese For Mayor 2017				
12. TREASURER NAME					
First Name Michael		MI G	Last Name Demaio		Suffix
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS (If different)		
Street Address 11 Summit Ave			Address		
City East Haven		State CT	Zip Code 06512	City	State Zip Code
15. TREASURER TELEPHONE		16. TREASURER EMAIL ADDRESS			
(Include Area Code) 203 623 1157					
17. DEPUTY TREASURER NAME					
First Name Rebekah		MI F	Last Name Ortiz		Suffix
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address 1945 Route 80			Address		
City Guilford		State CT	Zip Code 06437	City	State Zip Code
20. DEPUTY TREASURER TELEPHONE		21. DEPUTY TREASURER EMAIL ADDRESS			
(Include Area Code) 203 843 5385					
22. DEPOSITORY INSTITUTION NAME					
Key Bank					
23. DEPOSITORY INSTITUTION ADDRESS					
Address 110 Washington Avenue, North Haven, CT 06473					

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Maltese For Mayor 2017
24. CERTIFICATION	
Candidate	
I hereby certify and state, under penalties of false statement, that all of the designations set forth in this exploratory 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 such position.	
Salvatore R Maltese _____ CANDIDATE SIGNATURE	03/03/2017 _____ 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 exploratory 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 Statutes, 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.	
Michael G Demaio _____ TREASURER SIGNATURE	03/03/2017 _____ DATE (mm/dd/yyyy)

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Maltese For Mayor 2017

24. CERTIFICATION *continued*

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 exploratory 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 to discharge 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 Statutes, 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.

Rebekah F Ortiz

03/03/2017

DEPUTY TREASURER SIGNATURE

DATE (mm/dd/yyyy)

Notice: 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.