

# SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

## Exploratory Committee Registration

Revised September 2016



Page 1 of 4

<b>REGISTRATION TYPE</b>		<b>1. COMMITTEE NAME</b>			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Phil for Connecticut			
<b>2. SUBTYPE OF EXPLORATORY COMMITTEE</b> <i>(Office(s) being considered—Check one box)</i>					
<input type="checkbox"/> <b>A. Offices Include Statewide Office &amp; General Assembly</b> 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>B. Offices Include Statewide Offices Only</b> Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input checked="" type="checkbox"/> <b>C. Offices Include General Assembly Only</b> Including State Representative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> <b>D. Municipal &amp; Other Offices excluding those in Box A, B and C.</b> _____ <i>(Name of municipality—if applicable)</i>					
<b>3. PARTY AFFILIATION</b>					<b>4. ELECTION DATE</b> <i>(mm/dd/yyyy)</i>
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Other <i>(Specify)</i> _____					Nov 2018
<b>5. COMMITTEE ADDRESS</b>			<b>6. COMMITTEE EMAIL &amp; WEBSITE</b>		
Address 249 Franklin Rd			Email Address philforhamden@gmail.com		
City Hamden	State CT	Zip Code 06517	Website		
<b>7. CANDIDATE NAME</b>					
First Name Phil		MI M	Last Name Nista		Suffix
<b>8. CANDIDATE RESIDENCE ADDRESS</b>			<b>9. CANDIDATE MAILING ADDRESS</b> <i>(If different)</i>		
Street Address 249 Franklin Rd			Address		
City Hamden	State CT	Zip Code 06517	City	State	Zip Code
<b>10. CANDIDATE TELEPHONE</b>			<b>11. CANDIDATE EMAIL ADDRESS</b>		
<i>(Include Area Code)</i> 203      248      2404			phil.nista@gmail.com		

# SEEC FORM 4

Revised September 2016

Page 2 of 4

<b>REGISTRATION TYPE</b>		<b>COMMITTEE NAME</b>			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Phil for Connecticut			
<b>12. TREASURER NAME</b>					
First Name		MI	Last Name		Suffix
Mary			Compton		
<b>13. TREASURER RESIDENCE ADDRESS</b>			<b>14. TREASURER MAILING ADDRESS (If different)</b>		
Street Address			Address		
14 Mather St					
City	State	Zip Code	City	State	Zip Code
Hamden	CT	06517			
<b>15. TREASURER TELEPHONE</b>		<b>16. TREASURER EMAIL ADDRESS</b>			
(Include Area Code)					
475        238        8801		mcompton221@gmail.com			
<b>17. DEPUTY TREASURER NAME</b>					
First Name		MI	Last Name		Suffix
<b>18. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>19. DEPUTY TREASURER MAILING ADDRESS (If different)</b>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>20. DEPUTY TREASURER TELEPHONE</b>		<b>21. DEPUTY TREASURER EMAIL ADDRESS</b>			
(Include Area Code)					
<b>22. DEPOSITORY INSTITUTION NAME</b>					
Webster Bank					
<b>23. DEPOSITORY INSTITUTION ADDRESS</b>					
Address					
5 Helen Street, Hamden, CT 06517					

# SEEC FORM 4

Revised September 2016

Page 3 of 4

REGISTRATION TYPE	COMMITTEE NAME
<input checked="checked" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Phil for Connecticut

## 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.

Phil M Nista

02/08/2018

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 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.

Mary Compton

02/08/2018

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

# SEEC FORM 4

Revised September 2016

Page 4 of 4

REGISTRATION TYPE	COMMITTEE NAME
<input checked="checked" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Phil for Connecticut

## 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.

\_\_\_\_\_  
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.***