SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

Exploratory Committee Registration

Revised September 2016

REGISTRATION TYPE	1. COMMITTEE NAME
☑ Initial ☐ Amendment	Maltese For Mayor 2017

2. SUBTYPE OF EXPLORATORY COMMITTEE *(Office(s) being considered—Check one box)*

☐ **A. Offices Include Statewide Office & General Assembly**

Including State Representative ☐ Yes ☐ No

Including State Treasurer ☐ Yes ☐ No

☐ **B. Offices Include Statewide Offices Only**

Including State Treasurer ☐ Yes ☐ No

☐ **C. Offices Include General Assembly Only**

Including State Representative ☐ Yes ☐ No

☑ **D. Municipal & Other Offices excluding those in Box A, B and C.** East Haven

(Name of municipality—if applicable)

3. PARTY AFFILIATION	4. ELECTION DATE *(mm/dd/yyyy)*
☐ Republican ☑ Democrat ☐ Other *(Specify)*	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 *(If different)*		
Street Address: 11 Holland Rd			Address:		
City: East Haven	State: CT	Zip Code: 06512	City:	State:	Zip Code:

10. CANDIDATE TELEPHONE	11. CANDIDATE EMAIL ADDRESS
(Include Area Code) 203 589 4709	salmaltese@comcast.net

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REGISTRATION TYPE	COMMITTEE NAME
☑ Initial ☐ Amendment	Maltese For Mayor 2017

12. TREASURER NAME

First Name	MI	Last Name	Suffix
Michael	G	Demaio	

13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS *(If different)*		
Street Address			Address		
11 Summit Ave					
City	State	Zip Code	City	State	Zip Code
East Haven	CT	06512			

15. TREASURER TELEPHONE	16. TREASURER EMAIL ADDRESS
(Include Area Code)	
203 623 1157	

17. DEPUTY TREASURER NAME

First Name	MI	Last Name	Suffix
Rebekah	F	Ortiz	

18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS *(If different)*		
Street Address			Address		
1945 Route 80					
City	State	Zip Code	City	State	Zip Code
Guilford	CT	06437			

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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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 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.

Michael G Demaio — TREASURER SIGNATURE

03/03/2017 — DATE (mm/dd/yyyy)

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REGISTRATION TYPE	COMMITTEE NAME
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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 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.

Rebekah F Ortiz

DEPUTY TREASURER SIGNATURE

03/03/2017

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.