

# 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	Yopp For CT			
2. SUBTYPE OF EXPLORATORY COMMITTEE (Office(s) being considered—Check one box)					
<input checked="" type="checkbox"/> <b>A. Offices Include Statewide Office &amp; General Assembly</b>					
			Including State Representative	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			Including State Treasurer	<input type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> <b>C. Offices Include General Assembly Only</b>					
			Including State Representative	<input 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> _____ <small>(Name of municipality—if applicable)</small>					
3. PARTY AFFILIATION				4. ELECTION DATE (mm/dd/yyyy)	
<input checked="" type="checkbox"/> Republican				Nov 2024	
<input type="checkbox"/> Democrat					
<input type="checkbox"/> Other (Specify) _____					
5. COMMITTEE ADDRESS			6. COMMITTEE EMAIL & WEBSITE		
Address			Email Address		
375 Ridgewood Rd			connect@yoppforct.com		
City	State	Zip Code	Website		
West Hartford	CT	06107	yoppforct.com		
7. CANDIDATE NAME					
First Name		MI	Last Name		Suffix
Anastasia		C	Yopp		
8. CANDIDATE RESIDENCE ADDRESS			9. CANDIDATE MAILING ADDRESS (If different)		
Street Address			Address		
138 8th St					
City	State	Zip Code	City	State	Zip Code
Newington	CT	06111			
10. CANDIDATE TELEPHONE			11. CANDIDATE EMAIL ADDRESS		
<small>(Include Area Code)</small>					
860 985 8311			connect@yoppforct.com		

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REGISTRATION TYPE		COMMITTEE NAME					
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Yopp For CT					
12. TREASURER NAME							
First Name			MI	Last Name		Suffix	
Theodore				Mancini			
13. TREASURER RESIDENCE ADDRESS				14. TREASURER MAILING ADDRESS <i>(If different)</i>			
Street Address				Address			
375 Ridgewood Rd							
City		State	Zip Code	City		State	
West Hartford		CT	06107				
15. TREASURER TELEPHONE			16. TREASURER EMAIL ADDRESS				
<i>(Include Area Code)</i>							
860      798      4851			tmancini375@comcast.net				
17. DEPUTY TREASURER NAME							
First Name			MI	Last Name		Suffix	
Anthony				Mancini			
18. DEPUTY TREASURER RESIDENCE ADDRESS				19. DEPUTY TREASURER MAILING ADDRESS <i>(If different)</i>			
Street Address				Address			
375 Ridgewood Rd							
City		State	Zip Code	City		State	
West Hartford		CT	06107				
20. DEPUTY TREASURER TELEPHONE			21. DEPUTY TREASURER EMAIL ADDRESS				
<i>(Include Area Code)</i>							
860      549      4782			amancini375@comcast.net				
22. DEPOSITORY INSTITUTION NAME							
Liberty Bank							
23. DEPOSITORY INSTITUTION ADDRESS							
Address							
970 Farmington Avenue - West Hartford, CT 06107							

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<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Yopp For CT

**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.

Anastasia C Yopp

12/08/2022

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.

Theodore Mancini

12/08/2022

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Yopp For CT

## 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.

Anthony Mancini

12/08/2022

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.***