

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised January 2014



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TOWN CLERK'S OFFICE
EAST HAVEN, CONN.

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Barry Gravano, CTC

TOWN CLERK

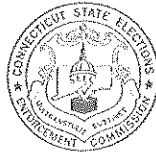
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)	2. OFFICE OR POSITION SOUGHT	3. DISTRICT NUMBER (If applicable)
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment	11-03-2015	MAYOR OF EAST HAVEN	
4. PARTY AFFILIATION			
<input checked="" type="radio"/> Republican <input type="radio"/> Democratic <input type="radio"/> Other (Specify) _____			
5. CANDIDATE NAME			
First Name	MI	Last Name	Suffix
SALVATORE	R	MALTESE	
6. CANDIDATE RESIDENCE ADDRESS		7. CANDIDATE MAILING ADDRESS (If different)	
Street Address		Address	
11 HOLLAND ROAD			
City	State	Zip Code	City
EAST HAVEN	CT	06512	
8. CANDIDATE TELEPHONE		9. CANDIDATE EMAIL ADDRESS	
(Include Area Code)			
203 589 4709		SALMAITSE@COMCAST.NET	
10. DESIGNATION OF CAMPAIGN FUNDING SOURCE			
(Check one)			
<input checked="" type="checkbox"/> 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.			
<input type="checkbox"/> 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, imprisonment for up to one year or a fine of up to two thousand dollars, or both.			

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement

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REGISTRATION TYPE		CANDIDATE NAME	
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment		SALVATORE R MALETESE	
11. COMMITTEE NAME			
MALETESE FOR MAYOR 2015			
12. COMMITTEE ADDRESS		13. & 14. COMMITTEE EMAIL ADDRESS & WEBSITE	
Address 11 SUMMIT AVENUE		Email Address [Empty]	
City EAST HAVEN	State CT	Zip Code 06512	Website [Empty]
15. TREASURER NAME			
First Name MICHAEL	MI [Empty]	Last Name DEMAIO	Suffix [Empty]
16. TREASURER RESIDENCE ADDRESS		17. TREASURER MAILING ADDRESS (if different)	
Street Address 11 SUMMIT AVENUE		Address [Empty]	
City EAST HAVEN	State CT	Zip Code 06512	City [Empty]
18. TREASURER TELEPHONE		19. TREASURER EMAIL ADDRESS	
(Include Area Code) 203 623 1157		MIKE.DEMAIO@ENFG.COM	
20. DEPUTY TREASURER NAME			
First Name REBECCA	MI F	Last Name ORTIZ	Suffix [Empty]
21. DEPUTY TREASURER RESIDENCE ADDRESS		22. DEPUTY TREASURER MAILING ADDRESS (if different)	
Street Address 1945 ROUTE 80		Address [Empty]	
City GUILFORD	State CT	Zip Code 06437	City [Empty]
23. DEPUTY TREASURER TELEPHONE		24. DEPUTY TREASURER EMAIL ADDRESS	
(Include Area Code) 203 843 5785		SANEDEGARALEX@yahoo.com	
25. DEPOSITORY INSTITUTION NAME			
FIRST NIAGARA BANK			
26. DEPOSITORY INSTITUTION ADDRESS			
Address MAIN STREET		City EAST HAVEN	State CT
		Zip Code 06512	

REGISTRATION TYPE	CANDIDATE NAME
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment	<div style="border: 1px solid black; padding: 2px;">SALVATORE R. MAITRE</div>

27. CERTIFICATION

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate 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 my appointment of them to those positions.

Salvatore R. Maitre

CANDIDATE SIGNATURE

03-31-2015

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 candidate committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 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.

M. Maitre

TREASURER SIGNATURE

03-31-2015

DATE (mm/dd/yyyy)

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 candidate 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 for discharging 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 disclosure requirements as contained in Chapter 155 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.

Rebecca F. Ortiz

DEPUTY TREASURER SIGNATURE

03-31-2015

DATE (mm/dd/yyyy)