



# SEEC FORM 4

Revised January 2016

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REGISTRATION TYPE		COMMITTEE NAME					
<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	Cartora 2019!					
12. TREASURER NAME							
First Name		MI	Last Name		Suffix		
Richard			Esposito				
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS (If different)				
Street Address			Address				
56 Morgan Avenue			SAME				
City		State	Zip Code	City		State	Zip Code
EAST HAVEN		CT	06512	SAME			
15. TREASURER TELEPHONE			16. TREASURER EMAIL ADDRESS				
(Include Area Code)							
203-848-8125			Richard.espo0707@gmail.com				
17. DEPUTY TREASURER NAME							
First Name		MI	Last Name		Suffix		
Anthony		J.	Vigliotti				
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS (If different)				
Street Address			Address				
132 Bennet Rd			SAME				
City		State	Zip Code	City		State	Zip Code
EAST HAVEN		CT	06513	SAME			
20. DEPUTY TREASURER TELEPHONE			21. DEPUTY TREASURER EMAIL ADDRESS				
(Include Area Code)							
203-214-5182			Bennettbusiness@comcast.net				
22. DEPOSITORY INSTITUTION NAME							
KEY BANK							
23. DEPOSITORY INSTITUTION ADDRESS							
Address				City		State	Zip Code
245 Main street				EAST HAVEN		CT	06512

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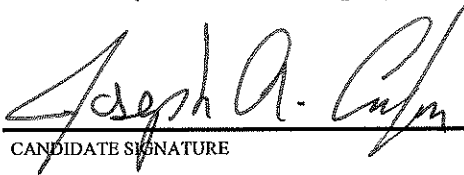
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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Cartora 2019!

## 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.

  
CANDIDATE SIGNATURE

2/28/19  
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.

  
TREASURER SIGNATURE

02/27/2019  
DATE (mm/dd/yyyy)

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Carbora 2019!

## 24. CERTIFICATION *continued*

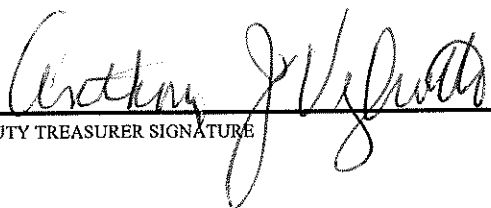
Deputy Treasurer


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.**