

SEEC FORM 4
 STATE ELECTIONS ENFORCEMENT COMMISSION
 Exploratory Committee Registration



RECEIVED FOR FILING
 MAY 13 2019
 TOWN CLERK'S OFFICE
 EAST HAVEN, CONN.
Stacy Gravano, CTC
 TOWN CLERK

REGISTRATION TYPE		1. COMMITTEE NAME	
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		MAITSE FOR MAYOR - 2019	
2. SUBTYPE OF EXPLORATORY COMMITTEE <small>(Office(s) being considered—Check one box)</small>			
<input type="checkbox"/> A. Offices Include Statewide Office & General Assembly <div style="display: flex; justify-content: space-between; margin-left: 150px;"> Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="display: flex; justify-content: space-between; margin-left: 150px;"> Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No </div>			
<input type="checkbox"/> B. Offices Include Statewide Offices Only <div style="display: flex; justify-content: space-between; margin-left: 150px;"> Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No </div>			
<input type="checkbox"/> C. Offices Include General Assembly Only <div style="display: flex; justify-content: space-between; margin-left: 150px;"> Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No </div>			
<input checked="" type="checkbox"/> D. Municipal & Other Offices excluding those in Box A, B and C. <u>EAST HAVEN CT</u> <small>(Name of municipality—if applicable)</small>			
3. PARTY AFFILIATION			4. ELECTION DATE <small>(mm/dd/yyyy)</small>
<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democrat <input type="checkbox"/> Other <small>(Specify)</small>			
5. COMMITTEE ADDRESS		6. COMMITTEE EMAIL & WEBSITE	
Address 32 CLIFF STREET		Email Address RTP50@AOL.COM	
City EAST HAVEN	State CT	Zip Code 06512	Website
7. CANDIDATE NAME			
First Name SALVATORE	MI R	Last Name MAITSE	Suffix
8. CANDIDATE RESIDENCE ADDRESS		9. CANDIDATE MAILING ADDRESS <small>(if different)</small>	
Street Address 11 HOLLAND ROAD		Address 11 HOLLAND ROAD	
City EAST HAVEN	State CT	Zip Code 06512-4206	City EAST HAVEN
			State CT
			Zip Code 06512-4206
10. CANDIDATE TELEPHONE		11. CANDIDATE EMAIL ADDRESS	
<small>(Include Area Code)</small> 203-589-4709		SALMAITSE@COMCAST.NET	

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REGISTRATION TYPE		COMMITTEE NAME			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		MAITESE FOR MAYOR - 2019			
12. TREASURER NAME					
First Name		MI	Last Name		Suffix
RICHARD		T	POULTON		
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
32 CLIFF STREET					
City	State	Zip Code	City	State	Zip Code
EAST HAVEN	CT	06512			
15. TREASURER TELEPHONE		16. TREASURER EMAIL ADDRESS			
(Include Area Code)					
203-640-7858		RTP50@AOL.COM			
17. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
KIM		E	PYCELA		
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
3 HOLLAND ROAD					
City	State	Zip Code	City	State	Zip Code
EAST HAVEN	CT	06512			
20. DEPUTY TREASURER TELEPHONE		21. DEPUTY TREASURER EMAIL ADDRESS			
(Include Area Code)					
203-530-7680		KPYCELA@COMCAST.NET			
22. DEPOSITORY INSTITUTION NAME					
WEBSTER BANK - MAIN STREET - EAST HAVEN CT 06512					
23. DEPOSITORY INSTITUTION ADDRESS					
Address			City	State	Zip Code
MAIN STREET			EAST HAVEN	CT	06512

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	MALTESE FOR MAYOR - 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

05-03-2019
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

5/3/2019
DATE (mm/dd/yyyy)

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	MALTESE FOR MAYOR - 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.

Kim E Ryce

DEPUTY TREASURER SIGNATURE

5-10-2019

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.