SEEC FORM 4
EXPLORATORY COMMITTEE REGISTRATION
CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION
Rev. 3/07
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REGISTRATION TYPE
- ○ INITIAL
- ○ AMENDED

1. ELECTION DATE (mm/dd/yyyy)	2. SUBTYPE OF EXPLORATORY COMMITTEE OFFICE BEING CONSIDERED (Check one below)
11/03/2015	○ 2a. Offices Include Statewide Office & General Assembly — Including State Representative ○Yes ○No — Including State Treasurer ○Yes ○No ○ 2b. Offices Include Statewide Office only — Including State Treasurer ○Yes ○No
	○ 2c. Offices Include General Assembly only — Including State Representative ○Yes ○No ○ 2d. Municipal & Other Offices Excluding those in Box 2a, 2b and 2c ☒Yes ○No

3. CANDIDATE NAME

Prefix	First	MI	Last	Suffix
MR	SALVATORE	R	MALTESE	

4. CANDIDATE RESIDENCE ADDRESS / 5. CANDIDATE MAILING ADDRESS (If different)

4. Street Address	11 HOLLAND ROAD	5. Address	
City	EAST HAVEN	State CT	Zip Code 06512	City		State CT	Zip Code

6. CANDIDATE TELEPHONE (Include Area Code) / 7. CANDIDATE E-MAIL ADDRESS

(203) 589 - 4709	SALMALTESE@COMCAST.NET

8. PARTY AFFILIATION / 9. NAME OF COMMITTEE

☒ Republican ○ Democratic ○ Other_____	SAL MALTESE 2015

10. COMMITTEE ADDRESS

Address	11 SUMMIT AVENUE	City	EAST HAVEN	State	CT	Zip Code	06512

11. COMMITTEE E-MAIL ADDRESS / 12. COMMITTEE WEB SITE ADDRESS

NA	NA

13. TREASURER NAME

Prefix	First	MI	Last	Suffix
MR	MICHAEL	G	DEMAIO	

14. TREASURER RESIDENCE ADDRESS / 15. TREASURER MAILING ADDRESS (If different)

Street Address	11 SUMMIT AVENUE	Address	
City	EAST HAVEN	State CT	Zip Code 06512	City		State CT	Zip Code

16. TREASURER TELEPHONE (Include Area Code) / 17. TREASURER E-MAIL ADDRESS

(203) 623 - 1151	MIKE.DEMAIO@FNFG.COM

18. DEPUTY TREASURER NAME

Prefix	First	MI	Last	Suffix
MRS	REBECCA	F	ORTIZ	

19. DEPUTY TREASURER RESIDENCE ADDRESS / 20. DEPUTY TREASURER MAILING ADDRESS (If different)

Street Address	1945 ROUTE 80	Address	
City	GUILFORD	State CT	Zip Code 06437	City		State CT	Zip Code

21. DEPUTY TREASURER TELEPHONE / 22. DEPUTY TREASURER E-MAIL ADDRESS

(203) 843 - 5385	N/A

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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.

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CANDIDATE NAME
SALVATORE R MALTESE

23. DEPOSITORY INSTITUTION NAME

FIRST NIAGARA BANK

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
245 MAIN STREET	EAST HAVEN	CT	06512

25. CERTIFICATION

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)

DATE (mm/dd/yyyy) 01-06-2015

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 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.

TREASURER (SIGNATURE)

DATE (mm/dd/yyyy) 01-06-2015

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 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.

DEPUTY TREASURER (SIGNATURE)

DATE (mm/dd/yyyy) 01-06-2015

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