Page 1 of 4

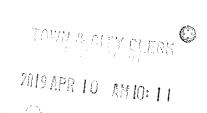
SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised January 2016





REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)	2. OFFICE OR POSITION SOUGHT	3. DISTRICT NUMBER			
☐ Amendment	9/10/19	City Council	(If applicable)			
4. PARTY AFFILIATION						
□ Republican	□ Republican □ Other (Specify)					
5. CANDIDATE NAME						
First Name Mavilyn	MI	E Last Name Rossetti	Suffix			
6. CANDIDATE RESIDENCE	E ADDRESS	7. CANDIDATE MAILING ADDRESS (1)	different)			
Street Address 253 Freeman St Address						
City Hart-Ford	1 1/2-1	Code City O(p O(p)	State Zip Code			
8. CANDIDATE TELEPHON	E 9. CANDIDA	ATE EMAIL ADDRESS				
8604630510 rossetme Cgmuil. Com						
10. DESIGNATION OF CAM	PAIGN FUNDING SOURCE		The state of the s			
(Check one)						
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.						
☐ 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**





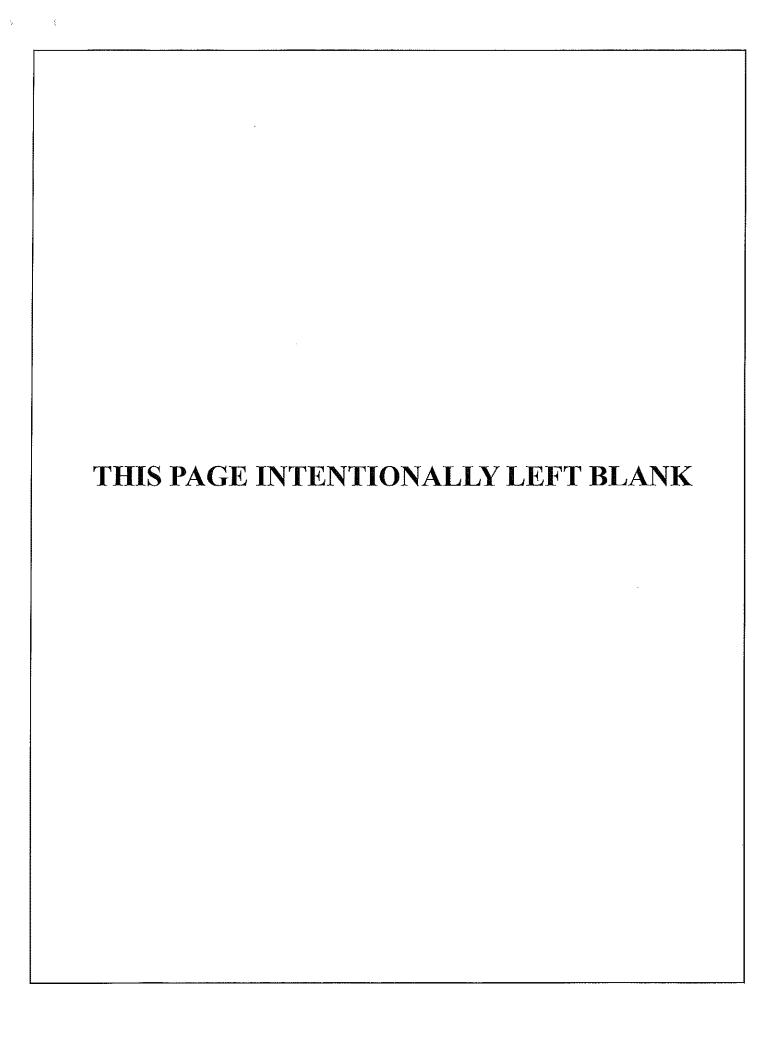
REGISTRATION TYPE CANDIDATE	AND AND AND AND AND AND AND			
76	, l			The control of the property of the control of the c
Minitial □ Amendment // (1 ly	$n \in$. Rossetti	
11. COMMITTEE NAME	- (-			
Postall' C	77	<u></u>	1	
ROSSETT TOV	(OT	らして		
12. COMMITTEE ADDRESS			13. & 14. COMMITTEE EMAIL ADDRESS &	WEBSITE
Address 253 Feeman St			Email Address VOSSETME @ 9 Mail.	Com
City Hart ford	State	Zip Code	Website	
15. TREASURER NAME				
First Name L. Charmaine St.	rig	MI	Last Name CHAN A	Suffix
16. TREASURER RESIDENCE ADDRESS			17, TREASURER MAILING ADDRESS (If differ	ent)
Street Address 171 Shevbrooke	Av	e	Address	
City Hartford	State	Zip Code 06106	City	State Zip Code
18. TREASURER TELEPHONE	19. TR	LASURER EN	4AIL ADDRESS	
(Include Area Code) 830 9761 tree lady charmine @ amail. Com				
20. DEPUTY TREASURER NAME				
First Name		MI	Last Name	Suffix
21. DEPUTY TREASURER RESIDENCE ADD	RESS		22. DEPUTY TREASURER MAILING ADDRE	CSS (If different)
Street Address			Address	, , , , , , , , , , , , , , , , , , ,
City	State	Zip Code	City	State Zip Code
23. DEPUTY TREASURER TELEPHONE	24. DEF	UTY TREAS	URER EMAIL ADDRESS	
(Include Area Code)		er e		
25. DEPOSITORY INSTITUTION NAME				
People's Bank				
26. DEPOSITORY INSTITUTION ADDRESS				
Address Franklin Av	L		City Hartford	State Zip Code

SEEC FORM 1A	
Revised January 2016	

DEPUTY TREASURER SIGNATURE

Revised January 2016				
REGISTRATION TYPE CANDIDATE NAME				
☐ Initial ☐ Amendment				
27. CERTIFICATION	CONTRACTOR			
Candidate	PROTOGRAM			
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. CANDIDATE SIGNATURE DATE (mm/dd/yyyy)				
Treasurer	V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
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 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 Statues, 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.				
X Charmane Craig 09/04/2019				
TREASURER SIGNATURE 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 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 Statues, 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.				

DATE (mm/dd/yyyy)



SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee



Revised January 2016

DE/	REGISTRATION TYPE CANDIDATE NAME			
.,	nitial			
11. R	EASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE			
	I hereby certify that I am exempt from forming a candidate committee because: (CHECK ONE)			
	A. I am one of a slate of candidates whose campaigns are being funded solely by a town committee or a political committee formed for a single election or primary and expenditures made on my behalf will be reported by the committee sponsoring my candidacy. The name of this sponsoring committee is:			
_	OR			
	B. I am funding my campaign entirely from my own personal funds and will not request or receive contributions from other individuals or committees and I understand that if I make expenditures exceeding one thousand dollars (\$1,000) that I shall be responsible for filing financial disclosure statements (SEEC Form 23) according to the same schedule and in the same manner as required of treasurers of candidate committees.			
	OR			
	C. I do not intend to receive or expend funds in excess of one thousand dollars (\$1,000).			
	OR			
	D. I do not intend to receive or expend any funds, including personal funds, for this campaign.			
12. C	ERTIFICATION			
	I hereby certify and state, under penalties of false statement, that this statement of exemption from forming a candidate committee, for the reason checked above, is true, accurate and complete to the best of my knowledge and belief.			
	CANDIDATE SIGNATURE DATE (mm/dd/yyyy)			