

# SEEC FORM 1

## STATE ELECTIONS ENFORCEMENT COMMISSION

### Registration by Candidate

Revised September 2016



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SUSAN M. PAWLUK  
2019 JUN 24 PM 2:35  
STRATFORD TOWN CLERK

REGISTRATION TYPE	1. ELECTION DATE <i>(month/day/year)</i>	2. MUNIC <i>(if applicable)</i>
<input type="radio"/> Initial <input checked="" type="radio"/> Amendment	11/05/2019	Stratford



File #: 2019-19  
06/24/2019 02:35 PM  
3 Pages  
ELECTION FILINGS

Susan M. Pawluk, Town Clerk

3. OFFICE OR POSITION SOUGHT

Council

4. PARTY AFFILIATION

Republican  Democratic  Other *(Specify)* \_\_\_\_\_

6. CANDIDATE NAME

First Name	MI	Last Name	Suffix
Christopher	J	Pia	

7. CANDIDATE RESIDENCE ADDRESS

152 Ryeagate Terrace

8. CANDIDATE MAILING ADDRESS *(if different)*

Address

City	State	Zip Code	City	State	Zip Code
Stratford	CT	06615			

9. CANDIDATE TELEPHONE

*(Include Area Code)*

(203) 258-3876

10. CANDIDATE EMAIL ADDRESS

piaforcouncil@gmail.com

### 11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

(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

Revised September 2016



<b>REGISTRATION TYPE</b>	<b>CANDIDATE NAME</b>				
<input type="radio"/> Initial <input checked="" type="radio"/> Amendment	Christopher J. Pia				
<b>12. COMMITTEE NAME</b>					
Pia for Council					
<b>13. COMMITTEE ADDRESS</b>					
Email Address					
152 Ryegate Terrace					
City	State	Zip Code	Website		
Stratford	CT	06615			
<b>16. TREASURER NAME</b>					
First Name	MI	Last Name	Suffix		
Susan	F	Barksdale			
<b>17. TREASURER RESIDENCE ADDRESS</b>					
Address					
180 Grove Street					
City	State	Zip Code	City	State	Zip Code
Stratford	CT	06615			
<b>19. TREASURER TELEPHONE</b>					
<i>(Include Area Code)</i>					
(203) 378-8540					
<b>20. TREASURER EMAIL ADDRESS</b>					
barks@optonline.net					
<b>21. DEPUTY TREASURER NAME</b>					
First Name	MI	Last Name	Suffix		
<b>22. DEPUTY TREASURER RESIDENCE ADDRESS</b>					
Address					
<b>23. DEPUTY TREASURER MAILING ADDRESS <i>(if different)</i></b>					
Address					
City	State	Zip Code	City	State	Zip Code
<b>24. DEPUTY TREASURER TELEPHONE</b>					
<i>(Include Area Code)</i>					
<b>25. DEPUTY TREASURER EMAIL ADDRESS</b>					
<b>26. DEPOSITORY INSTITUTION NAME</b>					
The Milford Bank					
<b>27. DEPOSITORY INSTITUTION ADDRESS</b>					
Address					
3651 Main Street					
City	State	Zip Code	City	State	Zip Code
Stratford	CT	06614			

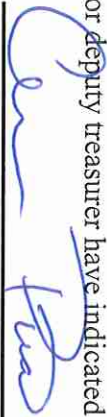


REGISTRATION TYPE	CANDIDATE NAME
<input type="radio"/> Initial <input checked="" type="radio"/> Amendment	Christopher J. Pia

28. 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.



06/24/2019

DATE (mm/dd/yyyy)

CANDIDATE SIGNATURE

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 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.

06/24/2019

DATE (mm/dd/yyyy)



TREASURER SIGNATURE

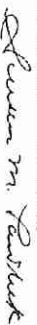
Deputy Treasurer

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, under Title 9 of the General Statutes, or that at least eight year plea or the completion of any sentence, whichever date is late another such felony or offense.

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Stratford Town Clerk

ELECTION FILINGS

File # 2019-19

I certify that I am not otherwise barred from serving as a deputy Enforcement Commission.

DEPUTY TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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