

# SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

## Registration by Candidate

Revised September 2016



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SUSAN M. PAWLUK

2019 JUN 13 PM 2:34

STRATFORD TOWN CLERK

<b>REGISTRATION TYPE</b>	<b>1. ELECTION DATE</b> <small>(mm/dd/yyyy)</small>	<b>2. MUNIC</b> <small>(if applicable)</small>
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment	11/05/2019	Stratford

**File #: 2019-18**  
06/13/2019 02:34 PM  
3 Pages



ELECTION FILINGS

### 3. OFFICE OR POSITION SOUGHT

Council

Susan M. Pawluk, Town Clerk

(if applicable)

7

### 5. PARTY AFFILIATION

Republican  Democratic  Other (Specify)

### 6. CANDIDATE NAME

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Suffix</b>
William	F	Perillo Jr	

### 7. CANDIDATE RESIDENCE ADDRESS

Street Address

554 Woodlawn Avenue

### 8. CANDIDATE MAILING ADDRESS (if different)

Address

City

Stratford

City

State

CT

State

Zip Code

06614

### 9. CANDIDATE TELEPHONE

(Include Area Code)

### 10. CANDIDATE EMAIL ADDRESS

perillo82@aol.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 checked="" type="radio"/> Initial <input type="radio"/> Amendment		Bill Perillo					
<b>12. COMMITTEE NAME</b>							
Perillo for Council							
<b>13. COMMITTEE ADDRESS</b>				<b>14. &amp; 15. COMMITTEE EMAIL ADDRESS &amp; WEBSITE</b>			
Address 554 Woodlawn Avenue				Email Address perillo082@aol.com			
City	State	Zip Code	Website				
Stratford	CT	06614					
<b>16. TREASURER NAME</b>							
First Name Ronald		MI G	Last Name Mudre		Suffix		
<b>17. TREASURER RESIDENCE ADDRESS</b>				<b>18. TREASURER MAILING ADDRESS (if different)</b>			
Street Address 50 Brandon Avenue				Address			
City	State	Zip Code	City	State	Zip Code		
Stratford	CT	06614					
<b>19. TREASURER TELEPHONE</b>			<b>20. TREASURER EMAIL ADDRESS</b>				
(Include Area Code)			Ronmudre@optonline.net				
<b>21. DEPUTY TREASURER NAME</b>							
First Name		MI	Last Name		Suffix		
<b>22. DEPUTY TREASURER RESIDENCE ADDRESS</b>				<b>23. DEPUTY TREASURER MAILING ADDRESS (if different)</b>			
Street Address				Address			
City	State	Zip Code	City	State	Zip Code		
<b>24. DEPUTY TREASURER TELEPHONE</b>			<b>25. DEPUTY TREASURER EMAIL ADDRESS</b>				
(Include Area Code)							
<b>26. DEPOSITORY INSTITUTION NAME</b>							
The Milford Bank							
<b>27. DEPOSITORY INSTITUTION ADDRESS</b>							
Address 3651 Main Street			City Stratford	State CT	Zip Code 06614		

REGISTRATION TYPE	CANDIDATE NAME
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment	Bill Perillo

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.

  
 \_\_\_\_\_  
 CANDIDATE SIGNATURE

06/01/2019  
 \_\_\_\_\_  
 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 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

  
 \_\_\_\_\_  
 TREASURER SIGNATURE

06/01/2019  
 \_\_\_\_\_  
 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, 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.

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Stratford Town Clerk

DEPUTY TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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