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EAST HAVEN, CT.

**SEEC FORM 4**  
STATE ELECTIONS ENFORCEMENT COMMISSION  
Exploratory Committee Registration



2025 JAN -2 A 9:54

*Lesley Beldin*  
TOWN CLERK

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REGISTRATION TYPE	1. COMMITTEE NAME				
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment	Carfora for Mayor				
2. SUBTYPE OF EXPLORATORY COMMITTEE <i>(Office(s) being considered—Check one box)</i>					
<input checked="" type="checkbox"/> A. Offices Include Statewide Office & General Assembly					
Including State Representative			<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Including State Treasurer			<input type="radio"/> Yes	<input checked="" type="radio"/> No	
<input checked="" type="checkbox"/> B. Offices Include Statewide Offices Only					
Including State Treasurer			<input type="radio"/> Yes	<input checked="" type="radio"/> No	
<input checked="" type="checkbox"/> C. Offices Include General Assembly Only					
Including State Representative			<input type="radio"/> Yes	<input checked="" type="radio"/> No	
<input checked="" type="checkbox"/> D. Municipal & Other Offices excluding those in Box A, B and C. <span style="float: right;">East Haven <i>(Name of municipality—if applicable)</i></span>					
3. PARTY AFFILIATION			4. ELECTION DATE <i>(mm/dd/yyyy)</i>		
<input type="radio"/> Republican <input checked="" type="radio"/> Democrat <input type="radio"/> Other <i>(Specify)</i>			11/4/2025		
5. COMMITTEE ADDRESS			6. COMMITTEE EMAIL & WEBSITE		
Address 142 Barberry Road			Email Address mayorcarfora@gmail.com		
City East Haven	State CT	Zip Code 06473	Website		
7. CANDIDATE NAME					
First Name Joseph		MI A	Last Name Carfora	Suffix	
8. CANDIDATE RESIDENCE ADDRESS			9. CANDIDATE MAILING ADDRESS <i>(If different)</i>		
Street Address 142 Barberry Road			Address		
City East Haven		State CT	Zip Code 06473	City	State Zip Code
10. CANDIDATE TELEPHONE <i>(Include Area Code)</i>		11. CANDIDATE EMAIL ADDRESS			
203-404-5155		mayorcarfora@gmail.com			

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REGISTRATION TYPE	COMMITTEE NAME				
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment	Carfora for Mayor				
<b>12. TREASURER NAME</b>					
First Name Richard		MI A	Last Name DePalma		Suffix
<b>13. TREASURER RESIDENCE ADDRESS</b>			<b>14. TREASURER MAILING ADDRESS</b> ( <i>If different</i> )		
Street Address 10 Seaview Avenue			Address		
City East Haven	State CT	Zip Code 06512	City	State	Zip Code
<b>15. TREASURER TELEPHONE</b> <i>(Include Area Code)</i> 203-676-7748		<b>16. TREASURER EMAIL ADDRESS</b> richdepalma203@gmail.com			
<b>17. DEPUTY TREASURER NAME</b>					
First Name		MI	Last Name		Suffix
<b>18. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>19. DEPUTY TREASURER MAILING ADDRESS</b> ( <i>If different</i> )		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>20. DEPUTY TREASURER TELEPHONE</b> <i>(Include Area Code)</i>		<b>21. DEPUTY TREASURER EMAIL ADDRESS</b>			
Key Bank					
<b>22. DEPOSITORY INSTITUTION NAME</b>					
<b>23. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 245 Main Street			City East Haven	State CT	Zip Code 06512

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment	Carfora for Mayor

## 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

1-1-2025

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

12-31-21

DATE (mm/dd/yyyy)

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment	Carfora for Mayor

## 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.

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DEPUTY TREASURER SIGNATURE

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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.***