

# SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

## Exploratory Committee Registration



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EAST HAVEN, CT.

2025 JAN -2 A 9:54

*Chris Butler*  
TOWN CLERK

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

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

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

\_\_\_\_\_  
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.***