

# SEEC FORM 1

## STATE ELECTIONS ENFORCEMENT COMMISSION Registration by Candidate

Revised January 2025



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EAST HAVEN, CT.

2025 MAY 16 P 3: 23

*Ken Belter*  
TOWN CLERK

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<b>REGISTRATION TYPE</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		<b>1. ELECTION DATE</b> (mm/dd/yyyy) 11/04/2025		<b>2. MUNICIPALITY</b> (If applicable) EAST HAVEN	
<b>3. OFFICE OR POSITION SOUGHT</b> MAYOR				<b>4. DISTRICT NUMBER</b> (If applicable)	
<b>5. PARTY AFFILIATION</b> <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other (Specify) _____					
<b>6. CANDIDATE NAME</b>					
First Name ANTHONY		MI R	Last Name CAMPOSANO		Suffix
<b>7. CANDIDATE RESIDENCE ADDRESS</b>			<b>8. CANDIDATE MAILING ADDRESS</b> (If different)		
Street Address 48 HUGHES ST			Address		
City EAST HAVEN		State CT	Zip Code 06512	City	State   Zip Code
<b>9. CANDIDATE TELEPHONE</b> (Include Area Code) 475-441-1416		<b>10. CANDIDATE EMAIL ADDRESS</b> antcampsr@gmail.com			
<b>11. DESIGNATION OF CAMPAIGN FUNDING SOURCE</b> (Check one)					
<input checked="" type="checkbox"/> <b>A.</b> I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.  Go to <b>Form 1A</b> and complete <b>pages 2 and 3</b> — Candidate Registration Statement.					
<input type="checkbox"/> <b>B.</b> I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.  Go to <b>Form 1B</b> and complete <b>page 4</b> — Certification of Exemption from Forming a Candidate Committee.					
<b>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.</b>					
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 January 2025



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EAST HAVEN, CT.

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*[Signature]*  
TOWN CLERK

<b>REGISTRATION TYPE</b>		<b>CANDIDATE NAME</b>			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		ANTHONY R. CAMPOSANO			
<b>12. COMMITTEE NAME</b>					
CAMPOSANO FOR MAYOR					
<b>13. COMMITTEE ADDRESS</b>			<b>14. &amp; 15. COMMITTEE EMAIL ADDRESS &amp; WEBSITE</b>		
Address			Email Address		
48 HUGHES ST			camposano4mayor@gmail.com		
City		State	Zip Code	Website	
EAST HAVEN		CT	06512	eastHVN.com	
<b>16. TREASURER NAME</b>					
First Name		MI	Last Name		Suffix
SALVATORE		R	MALTESE		
<b>17. TREASURER RESIDENCE ADDRESS</b>			<b>18. TREASURER MAILING ADDRESS (If different)</b>		
Street Address			Address		
11 HOLLAND ROAD			11 HOLLAND ROAD		
City		State	Zip Code	City	State    Zip Code
EAST HAVEN		CT	06512	EAST HAVEN	CT    06512
<b>19. TREASURER TELEPHONE</b>		<b>20. TREASURER EMAIL ADDRESS</b>			
(Include Area Code)					
203 589 4709		SALMALTESE@COMCAST.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>					
<b>27. DEPOSITORY INSTITUTION ADDRESS</b>					
Address			City	State	Zip Code

REGISTRATION TYPE	CANDIDATE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	ANTHONY R. CAMPOSANO

**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

05/15/2025  
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 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

05-15-2025  
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 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)