

SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

Exploratory Committee RegistrationRECEIVED
EAST HAVEN, CT

2023 JAN 12 PM 12:01

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REGISTRATION TYPE		1. COMMITTEE NAME		
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Samantha "Sam" Parlato for Mayor		
2. SUBTYPE OF EXPLORATORY COMMITTEE (Office(s) being considered—Check one box)				
<input type="checkbox"/> A. Offices Include Statewide Office & General Assembly <div style="display: flex; justify-content: space-between; width: 100%;"> Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="display: flex; justify-content: space-between; width: 100%;"> Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No </div>				
<input type="checkbox"/> B. Offices Include Statewide Offices Only <div style="display: flex; justify-content: space-between; width: 100%;"> Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No </div>				
<input type="checkbox"/> C. Offices Include General Assembly Only <div style="display: flex; justify-content: space-between; width: 100%;"> Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No </div>				
<input checked="" type="checkbox"/> D. Municipal & Other Offices excluding those in Box A, B and C. East Haven <small>(Name of municipality—if applicable)</small>				
3. PARTY AFFILIATION			4. ELECTION DATE (mm/dd/yyyy)	
<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democrat <input type="checkbox"/> Other (Specify)			November 7, 2023	
5. COMMITTEE ADDRESS			6. COMMITTEE EMAIL & WEBSITE	
Address 470 Thompson Avenue			Email Address sam@samparlato.com	
City East Haven	State CT	Zip Code 06512	Website www.samparlato.com	
7. CANDIDATE NAME				
First Name Samantha		MI A	Last Name Parlato	Suffix
8. CANDIDATE RESIDENCE ADDRESS			9. CANDIDATE MAILING ADDRESS (If different)	
Street Address 470 Thompson Avenue			Address	
City East Haven	State CT	Zip Code 06512	City	State
10. CANDIDATE TELEPHONE (Include Area Code)		11. CANDIDATE EMAIL ADDRESS		
203-627-9930		sam@samparlato.com		

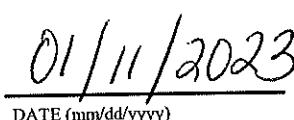
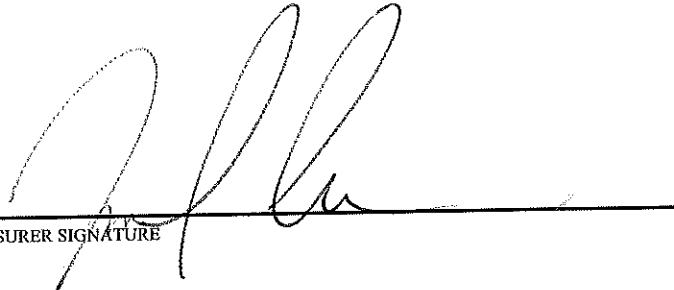
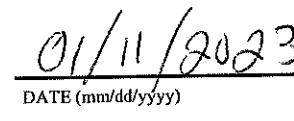
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REGISTRATION TYPE		COMMITTEE NAME			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Samantha "Sam" Parlato for Mayor			
12. TREASURER NAME					
First Name Joseph		MI	Last Name Coss	Suffix	
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS (If different)		
Street Address 26 Ralphs Lane			Address		
City East Haven		State CT	Zip Code 06512	City	State Zip Code
15. TREASURER TELEPHONE <i>(Include Area Code)</i> 203-535-5570		16. TREASURER EMAIL ADDRESS joseph.coss2018@gmail.com			
17. DEPUTY TREASURER NAME					
First Name Lynn		MI	Last Name Torello	Suffix	
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address 62 Vista Drive			Address		
City East Haven		State CT	Zip Code 06512	City	State Zip Code
20. DEPUTY TREASURER TELEPHONE <i>(Include Area Code)</i> 203-668-4970		21. DEPUTY TREASURER EMAIL ADDRESS Lynntorello7@gmail.com			
22. DEPOSITORY INSTITUTION NAME					
Citizens Bank					
23. DEPOSITORY INSTITUTION ADDRESS					
Address 263 Hemmingway Avenue			City East Haven	State CT	Zip Code 06512

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Samantha "Sam" Parlato 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	
 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	
 DATE (mm/dd/yyyy)	

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Samantha "Sam" Parlato 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.

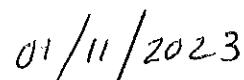
I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

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.