

AFFIDAVIT OF COMPLAINT

STATE ELECTIONS ENFORCEMENT COMMISSION

Revised July 2012



This Space For Official Use Only

Please complete this form to the fullest extent possible.

The following sections are required and must be completed in full:

I. Identity of Complainant(s)—page 1 | III. Violation(s) Alleged—page 3 | VI. Certification—page 6

I. IDENTITY OF COMPLAINANT(S)

COMPLAINANT'S NAME

First Name William	MI	Last Name Dove	Suffix
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COMPLAINANT'S STREET ADDRESS

Address
109 Melrose Road

City Broad Brook	State ct	Zip Code 06016
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COMPLAINANT'S TELEPHONE NUMBER

Home 860-623-9320	Work	Cell
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COMPLAINANT'S EMAIL ADDRESS

williamgdove@gmail.com

COMPLAINANT'S NAME

First Name	MI	Last Name	Suffix
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COMPLAINANT'S STREET ADDRESS

Address

City	State	Zip Code
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COMPLAINANT'S TELEPHONE NUMBER

Home	Work	Cell
------	------	------

COMPLAINANT'S EMAIL ADDRESS

COMPLAINANT'S NAME

First Name	MI	Last Name	Suffix
------------	----	-----------	--------

COMPLAINANT'S STREET ADDRESS

Address

City	State	Zip Code
------	-------	----------

COMPLAINANT'S TELEPHONE NUMBER

Home	Work	Cell
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COMPLAINANT'S EMAIL ADDRESS



II. IDENTITY OF RESPONDENT(S)

RESPONDENT'S NAME *(If known; otherwise write "unknown")*

First Name Jason	MI	Last Name Bowsza	Suffix
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RESPONDENT'S STREET ADDRESS *(If known)*

Address 121 East Road			
City Broad Brook	State CT	Zip Code 06016	

RESPONDENT'S TELEPHONE NUMBER *(If known)*

Home	Work 860-623-8122	Cell
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RESPONDENT'S EMAIL ADDRESS *(If known)*

STATUTE(S) VIOLATED *(If known)*

	§ Chapter 155
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RESPONDENT'S NAME *(If known; otherwise write "unknown")*

First Name Angelo	MI	Last Name Sevarino	Suffix
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RESPONDENT'S STREET ADDRESS *(If known)*

Address 26 Barber Hill Road			
City Broad Brook	State CT	Zip Code 06016	

RESPONDENT'S TELEPHONE NUMBER *(If known)*

Home	Work 860-716-0320	Cell
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RESPONDENT'S EMAIL ADDRESS *(If known)*

STATUTE(S) VIOLATED *(If known)*

	§ Chapter 155
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RESPONDENT'S NAME *(If known; otherwise write "unknown")*

First Name	MI	Last Name	Suffix
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RESPONDENT'S STREET ADDRESS *(If known)*

Address			
City	State	Zip Code	

RESPONDENT'S TELEPHONE NUMBER *(If known)*

Home	Work	Cell
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RESPONDENT'S EMAIL ADDRESS *(If known)*

STATUTE(S) VIOLATED *(If known)*

	§
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*Copy and attach page(s) for additional respondents if necessary.
 Please check "See attached Additional Respondent List" and list the number of pages.*

See attached _____ Additional Respondent List pages
Number of Pages



III. VIOLATION(S) ALLEGED

DATE(S) OF ALLEGED VIOLATION(S) (If known)

CONCISE STATEMENT OF FACTS

Please be as specific as possible with regard to time, place, and the individual(s) taking actions or failing to act, and in describing their actions as well as other witnesses or persons involved. If applicable, please clearly refer to the names of identified respondents, witnesses, and attached evidence (e.g., See Evidentiary Attachment B.). If you have identified more than one respondent, please identify which respondent is alleged to have committed which action and which specific alleged violation of the statutes.

If you are unable to provide the specific identity of any witnesses in the following “**Witnesses**” section, please provide as much identifying information as possible in the below “**Concise Statement of Facts.**”

The respondent(s) allegedly violated the law as follows:

Jason Bowsza was a First Selectman candidate in East Windsor. His election committee was called Friends of Jason 2023 .

The committee treasurer was Angelo Sevarino. I have included the committee forms filed with the town clerk.

The committee used Blue Edge Strategies as a campaign consultant. The committee did not provide sufficient documentation and sufficient detail of campaign expenditures. It paid the consultant thousands of dollars in unexplained expenditures including inadequate documentation and violations of the law with respect to expenditures related to Blue Edge Strategies. It also did not account for all of its expenditures. It failed to attribute mailings as required by law.

The treasurer was required to document all expenditures in detail so that it can be know that the expenditure furthered the candidate’s nomination for election.

The treasurer impermissibly delegated his duties to the consultant who acted as the campaign manager. The consultant spent the majority if the campaign’s funding and hired service providers and vendors. The treasurer did not documents the nature of each expenditure reflecting the permissible nature of each payment. The law required the treasurer to obtain this documentation from the consultant and to retain records of the nature and detail of the work performed and services. Regs. Ct. State Agencies ,§ 9-607 and 9-706.

The principal of Blue Edge Strategies, Michael Farina, is aware of these laws and was named in prior SEEC rulings over similarly activities.

The respondent’s filing with the Town of East Windsor Clerk shows payments made to the consultant. None of the filings has sufficient detail of the expenditures to the consultant. There were no identifiable consultant fees. The respondent made 6 direct mailing to voters. The treasurers documentation for these mailers was inadequate. No printing vendor was named. None of the costs were broken down. Based on the costs, and knowing basic printing and postage costs, the mailers costs on the documentation appear to be extremely low. Also, voters received six mailers. Several did not contain any attribution as required by law. Only three mailers appear on the treasurer’s report.

*Use attached page(s) for additional statement of facts if necessary.
 Please check “See attached Additional Statement of Facts” and list the number of pages.*

See attached _____ Additional Statement of Facts pages
Number of Pages



ADDITIONAL STATEMENT OF FACTS

Page ____ of ____

CONCISE STATEMENT OF FACTS *continued*

The consultant was hired to provide services such as professional design and messaging advice. The consultant did not provide the printing and mailing services. There is no documentation of which company did the printing and mailing or of the postage costs which are typically billed separately.

The treasurer did not disclose campaign expenditures to the consultant with sufficient detail about the nature and costs of the work performed or services provided.

General Statutes § 9-608 (c) (1) (B) requires treasurers to report an itemized accounting of each expenditure, including secondary payees whenever the primary payee is known to include charges which the primary payee has already paid or will pay directly to another person, vendor, or entity. The respondent's treasurer did not do this.

Because the consultant knew of these requirements from other SEEC enforcement actions, the consultant would have provided the treasurers with the required information. The treasurer failed to meet his disclosure obligations.

The candidate failed to make sure that his mailers had the required statement concerning paid for and the name of the treasurer and the name of the committee.

None of the campaigns printed materials are documented in any detail on the reports such as the name of the printer, the mailer and the mailing costs. This includes mailers and walk cards and signs.

The campaign impermissibly accepted cash donations over \$200 and \$1000.00 cash. General Statutes §§ 9-611(d), 9-622(9)]

The campaign accepted donations from individuals and failed to report the full Last Name, First Name, Middle Initial, Residential Street Address, City, State, and Zip Code, Principal Occupation and Name of Employer. and if they were a lobbyist. [General Statutes §§ 9-606(a), 9-607(f), 9-608, 9-611(d)]

The campaign accepted donations from other committees and failed to report the full Name of Committee, Name of Treasurer, Address, City, State, and Zip Code..

The campaign listed expenditures for food, lawn signs, mailers, robocalls but provided no information about what company the payments were made.

The campaign made expenditures to individuals without any explanation - including Leborious, Holtgrave.

Parts of the campaign reports are not legible.



IV. WITNESSES

WITNESS'S NAME (If known)

First Name William	MI	Last Name Dove	Suffix
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WITNESS'S STREET ADDRESS (If known)

Address
109 Melrose Road

City Broad Brook	State CT	Zip Code 06016
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WITNESS'S TELEPHONE NUMBER (If known)

Home 860-623-9320	Work	Cell
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WITNESS'S EMAIL ADDRESS (If known)

williamgdove@gmail.com

WITNESS'S NAME (If known)

First Name	MI	Last Name	Suffix
------------	----	-----------	--------

WITNESS'S STREET ADDRESS (If known)

Address

City	State	Zip Code
------	-------	----------

WITNESS'S TELEPHONE NUMBER (If known)

Home	Work	Cell
------	------	------

WITNESS'S EMAIL ADDRESS (If known)

WITNESS'S NAME (If known)

First Name	MI	Last Name	Suffix
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WITNESS'S STREET ADDRESS (If known)

Address

City	State	Zip Code
------	-------	----------

WITNESS'S TELEPHONE NUMBER (If known)

Home	Work	Cell
------	------	------

WITNESS'S EMAIL ADDRESS (If known)

*Copy and attach page(s) for additional witnesses if necessary.
 Please check "See attached Additional Witness List" and list the number of pages.*

See attached _____ Additional Witness List pages
Number of Pages



V. EVIDENCE

ATTACHED DOCUMENTARY OR REAL EVIDENCE

Please identify each attachment by **number of pages, title, author** and **date** if applicable. Records not identified as attachments shall not be considered a part of the complaint. Please do not provide a website listing as evidence, as this information is subject to change. If you wish to provide Internet or other video or audio communications as evidence, please provide a printed or electronic copy, as appropriate, and list it as an exhibit.

Under “**How Acquired**” please identify your source for the evidence (e.g., delivery from an individual, Internet website, public flyer location). If the source is an individual, please identify the individual in the witness list. If the source is a publication, such as a newspaper, please identify the publication’s name and date of the publication.

EVIDENTIARY ATTACHMENT

Title Friends of Jason 2023 reports filed with the East Windsor Town Clerk.		Number of Pages
Author Angelino Sevarino, treasurer of the committee.		Date of Publication
How Acquired From the town clerk.		Date Acquired

EVIDENTIARY ATTACHMENT

Title		Number of Pages
Author		Date of Publication
How Acquired		Date Acquired

EVIDENTIARY ATTACHMENT

Title		Number of Pages
Author		Date of Publication
How Acquired		Date Acquired

EVIDENTIARY ATTACHMENT

Title		Number of Pages
Author		Date of Publication
How Acquired		Date Acquired

*Copy and attach page(s) for additional evidence if necessary.
 Please check “See attached Additional Evidence List” and list the number of pages.*

See attached _____ Additional Evidence List pages
Number of Pages



VI. CERTIFICATION

- 1) Each Complainant must sign a separate page and each signature must be separately certified. This complaint will not be considered filed without the name, address, and original **certified** signature of at least one Complainant. Mail or hand-deliver this complaint to:

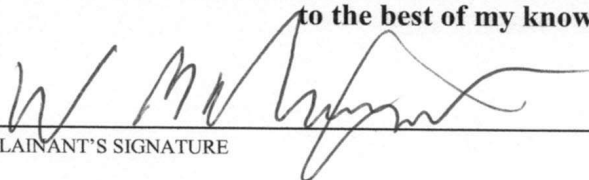
State Elections Enforcement Commission
55 Farmington Ave
Hartford, CT 06105

- 2) Once filed, this complaint may not be withdrawn by the Complainant(s) except by a vote of the State Elections Enforcement Commission.
- 3) I am aware that criminal penalties may be imposed upon any Complainant who, under penalty of false statement, knowingly files a false complaint.
- 4) The State Elections Enforcement Commission's investigation of a complaint is confidential unless and until the State Elections Enforcement Commission votes to authorize an investigation of a complaint. Until such a vote, neither the Commission nor its staff will release or confirm any information about the complaint except upon written request of a treasurer, deputy treasurer, chairperson or candidate affiliated with a committee that is the subject of the complaint or preliminary investigation.

Guides to the elections laws are available at <http://www.ct.gov/seec>
Connecticut General Statutes are available at <http://www.cga.ct.gov>

CERTIFICATION

I solemnly swear (or affirm) that the above statement is true and accurate to the best of my knowledge and belief.

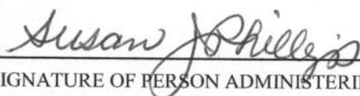


COMPLAINANT'S SIGNATURE

3 / 12 / 24

DATE (mm/dd/yyyy)

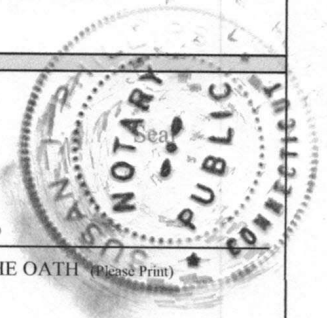
Sworn and subscribed before me on this 12th day of March, 2024



SIGNATURE OF PERSON ADMINISTERING THE OATH

Susan J Phillips

NAME OF PERSON ADMINISTERING THE OATH (Please Print)



Notary Public

TITLE OF PERSON ADMINISTERING THE OATH

Note: This oath may be administered by anyone authorized by Section 1-24 of the Connecticut General Statutes, which includes: notaries public; justices of the peace; town clerks and assistant town clerks; judges and clerks of any court; and attorneys who are Commissioners of the Superior Court of Connecticut.

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SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT
COMMISSION Revised January 2015



RECEIVED
Town of East Windsor
Town Clerks Office

JAN 04 2024

Do Not Write In This Space For Official Use Only

By: Angelo P. Sevarino
Asst. Town Clerk 1/4/2024

COVER PAGE

1. NAME OF COMMITTEE			
FRIENDS OF JASON 2023			
2. TREASURER NAME			
First Angelo	MI P	Last SEVARINO	Suffix
3. TREASURER ADDRESS			
Street Address 26 BARBER HILL RD	City BROAD BROOK	State CT	Zip Code 06016
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/07/23	5. OFFICE SOUGHT (Complete only if Candidate Committee) FIRST SELECTMAN		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First JASON	MI	Last BOWEN	Suffix
8. TYPE OF REPORT (Check One Box)			
<input checked="" type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report: _____
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (State Central Committees Only)	<input type="checkbox"/> Termination	
<input type="checkbox"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="checkbox"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date 10/23/23		thru	Ending Date 12/31/23
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
<u>Angelo Paul Sevarino</u> TREASURER OR DEPUTY TREASURER (SIGNATURE)		ANGELO PAUL SEVARINO PRINT NAME OF SIGNER	1/4/2024 DATE (mm/dd/yyyy)
<i>A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</i>			