STATE ELECTIONS ENFORCEMENT COMMISSION

Exploratory Committee Registration

Revised July 2016

	\text{\text{\$\gamma}}	TRANSTOL SUSTONED COMMITTEE COMMITTE						Page 1 of 4
REGISTRATION TYPE	1. COMMITTEE N	NAME						
☐ Initial ☐ Amendment								
2. SUBTYPE OF EXPLORA	TORY COMMITTE	EE (Office(s)) being considered	d—Check one box)				
☐ A. Offices Inclu	☐ A. Offices Include Statewide Office & General Assembly							
Including State R			g State Re	presentative	□Yes	□ No		
		Includin	g State Tr	easurer	□Yes	□No		
☐ B. Offices Include Statewide Offices Only								
		Includin	g State Tr	easurer	□Yes	□No		
C. Offices Inclu	☐ C. Offices Include General Assembly Only							
		Includin	g State Re	presentative	□Yes	□ No		
□ D. Municipal & Other Offices excluding those in Box A, B and C. (Name of municipality—if applicable)								
3. PARTY AFFILIATION	3. PARTY AFFILIATION 4. ELECTION DATE (mm/dd/yyyy)							
☐ Republican ☐ Democrat ☐ Other (Specify)								
5. COMMITTEE ADDRESS	S			6. COMMITTE	E EMAIL &	WEBSITE		
Address				Email Address				
City		State	Zip Code	Website				
7. CANDIDATE NAME								
First Name			MI	Last Name				Suffix
8. CANDIDATE RESIDENCE ADDRESS			9. CANDIDATE	MAILING	ADDRESS (If different)			
Street Address				Address				
City		State	Zip Code	City			State	Zip Code
10. CANDIDATE TELEPHO	ONE	11. CAN	L IDIDATE EN	MAIL ADDRESS				
(Include Area Code)								

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REGISTRATION TYPE	COMMITTEE NA	ME						
REGISTRATION TYPE	COMMITTEE NA	VIE						
☐ Initial ☐ Amendment								
12. TREASURER NAME								
First Name			MI	Last Name		Suffix		
13. TREASURER RESIDENCE ADDRESS				14. TREASURER MAILING ADDRESS (If different)				
Street Address				Address				
City		State	Zip Code	City	State	Zip Code		
15. TREASURER TELEPHO	ONE	16. TREASURER EMAIL ADDRESS						
(Include Area Code)								
17. DEPUTY TREASURER I	NAME							
First Name			MI	Last Name		Suffix		
18. DEPUTY TREASURER RESIDENCE ADDRESS				19. DEPUTY TREASURER MAILING ADDRESS (If different)				
Street Address				Address				
City		State	Zip Code	City	State	Zip Code		
20. DEPUTY TREASURER	DEPUTY TREASURER TELEPHONE 21. DEPUTY TREAS			URER EMAIL ADDRESS				
(Include Area Code)								
22. DEPOSITORY INSTITUTION NAME								
23. DEPOSITORY INSTITUTION ADDRESS								
Address				City	State	Zip Code		

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REGISTRA	ATION TYPE	COMMITTEE NAME					
☐ Initial	☐ Amendment						
4. CERTIF	. CERTIFICATION						
exploand f	oratory committee further, that this st	ate, under penalties of false statement, that all of the designations set forth in this registration statement are true and accurate to the best of my knowledge and belief, atement includes my certification to the fact that any individual designated herein to be deputy treasurer have indicated to me their acceptance of such position.					
CAND	IDATE SIGNATURE	DATE (mm/dd/yyyy)					
reasurer							
I cert jurisco	idate to serve as the ector in the State of osure requirement prohibitions, limitating that I have paisive. The extreme of th	tte, under penalties of false statement, that I have accepted my appointment by the ne candidate's designated Treasurer of this exploratory committee. I certify that I am of Connecticut. I intend to comply with all the campaign finance registration and as as contained in Chapter 155 through 157 of the General Statutes, and to abide by ations or restrictions concerning campaign contributions and expenditures. I deep convicted of or pled guilty or nolo contendere to, in a court of competent clony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal of the General Statues, or that at least eight years have elapsed from the date of the					
		ne completion of any sentence, whichever date is later, without a subsequent of another such felony or offense.					
	rify that I am not or cement Commiss	otherwise barred from serving as a treasurer by order of the State Elections sion.					
TREA	SURER SIGNATURE	DATE (mm/dd/yyyy)					

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REGISTRATION TYPE	COMMITTEE NAME
☐ Initial ☐ Amendment	
24. CERTIFICATION continued	
Deputy Treasurer	
candidate to serve as the understand and accept resignation, I shall auto treasurer. I certify that finance registration and	tte, under penalties of false statement, that I have accepted my appointment by the candidate's designated Deputy Treasurer of this exploratory committee, and I that, in the event of a vacancy caused by the treasurer's death, incapacity or omatically become responsible to discharge all of the duties required of the vacating I am an elector in the State of Connecticut. I intend to comply with all the campaign disclosure requirements as contained in Chapter 155 through 157 of the General by any prohibitions, limitations or restrictions concerning campaign contributions and
I certify that I have pai inclusive.	d any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157,
jurisdiction, any (A) fe offense under Title 9 o conviction or plea or th conviction of or plea to	been convicted of or pled guilty or nolo contendere to, in a court of competent lony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal f the General Statues, or that at least eight years have elapsed from the date of the ne completion of any sentence, whichever date is later, without a subsequent of another such felony or offense.
I certify that I am not of Enforcement Commiss	otherwise barred from serving as a deputy treasurer by order of the State Elections ion.
DEPUTY TREASURER SIGNATUI	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.