

SEEC FORM 4

EXPLORATORY COMMITTEE REGISTRATION CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

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REGISTRATION TYPE

- ☐ INITIAL
☐ AMENDED

1. ELECTION DATE (mm/dd/yyyy)		2. SUBTYPE OF EXPLORATORY COMMITTEE OFFICE BEING CONSIDERED (Check one below)			
		<input type="checkbox"/> 2a. Offices Include Statewide Office & General Assembly Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 2b. Offices Include Statewide Office only Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> 2c. Offices Include General Assembly only Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 2d. Municipal & Other Offices Excluding those in Box 2a, 2b and 2c <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. CANDIDATE NAME					
Prefix		First		MI	Last
					Suffix
4. CANDIDATE RESIDENCE ADDRESS			5. CANDIDATE MAILING ADDRESS (if different)		
Street Address			Address		
City		State	Zip Code	City	State
					Zip Code
6. CANDIDATE TELEPHONE (Include Area Code)			7. CANDIDATE E-MAIL ADDRESS		
() —					
8. PARTY AFFILIATION				9. NAME OF COMMITTEE	
<input type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other _____					
10. COMMITTEE ADDRESS					
Address			City		State
					Zip Code
11. COMMITTEE E-MAIL ADDRESS			12. COMMITTEE WEB SITE ADDRESS		
13. TREASURER NAME					
Prefix		First		MI	Last
					Suffix
14. TREASURER RESIDENCE ADDRESS			15. TREASURER MAILING ADDRESS (if different)		
Street Address			Address		
City		State	Zip Code	City	State
					Zip Code
16. TREASURER TELEPHONE (Include Area Code)			17. TREASURER E-MAIL ADDRESS		
() —					
18. DEPUTY TREASURER NAME					
Prefix		First		MI	Last
					Suffix
19. DEPUTY TREASURER RESIDENCE ADDRESS			20. DEPUTY TREASURER MAILING ADDRESS (if different)		
Street Address			Address		
City		State	Zip Code	City	State
					Zip Code
21. DEPUTY TREASURER TELEPHONE			22. DEPUTY TREASURER E-MAIL ADDRESS		
() —					

GO TO PAGE 2 TO COMPLETE DEPOSITORY AND CERTIFICATION

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.

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CANDIDATE NAME

23. DEPOSITORY INSTITUTION NAME

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
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25. CERTIFICATION

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)

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 intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

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 intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

DEPUTY TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

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