SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

Exploratory Committee Registration

Revised September 2016

REGISTRATION TYPE	1. COMMITTEE NAME
☑ Initial ☐ Amendment	Tim for Connecticut 2018

2. SUBTYPE OF EXPLORATORY COMMITTEE *(Office(s) being considered—Check one box)*

☐ **A. Offices Include Statewide Office & General Assembly**

Including State Representative ☐ Yes ☐ No

Including State Treasurer ☐ Yes ☐ No

☑ **B. Offices Include Statewide Offices Only**

Including State Treasurer ☑ Yes ☐ No

☐ **C. Offices Include General Assembly Only**

Including State Representative ☐ Yes ☐ No

☐ **D. Municipal & Other Offices excluding those in Box A, B and C.** _____

(Name of municipality—if applicable)

3. PARTY AFFILIATION	4. ELECTION DATE *(mm/dd/yyyy)*
☑ Republican ☐ Democrat ☐ Other *(Specify)* _____	Nov 2018

5. COMMITTEE ADDRESS			6. COMMITTEE EMAIL & WEBSITE
Address: PO Box 110726			Email Address: info@timforconnecticut.com
City: Trumbull	State: CT	Zip Code: 06611	Website: timforconnecticut.com

7. CANDIDATE NAME			
First Name	MI	Last Name	Suffix
Timothy	M	Herbst	

8. CANDIDATE RESIDENCE ADDRESS			9. CANDIDATE MAILING ADDRESS *(If different)*		
Street Address: 97 Fairview Ave			Address:		
City: Trumbull	State: CT	Zip Code: 06611	City:	State:	Zip Code:

10. CANDIDATE TELEPHONE	11. CANDIDATE EMAIL ADDRESS
(Include Area Code) 203 581 1834	Timothy.Herbst@gmail.com

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12. TREASURER NAME

First Name	MI	Last Name	Suffix
Loretta	J	Chory	

13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS *(If different)*		
Street Address			Address		
26 Dale Rd					
City	State	Zip Code	City	State	Zip Code
Trumbull	CT	06611			

15. TREASURER TELEPHONE	16. TREASURER EMAIL ADDRESS
(Include Area Code) 203 258 0510	Loretta.Chory@gmail.com

17. DEPUTY TREASURER NAME

First Name	MI	Last Name	Suffix
Elaine	A	Hammers	

18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS *(If different)*		
Street Address			Address		
59 Coventry Ln					
City	State	Zip Code	City	State	Zip Code
Trumbull	CT	06611			

20. DEPUTY TREASURER TELEPHONE	21. DEPUTY TREASURER EMAIL ADDRESS
(Include Area Code) 203 268 9171	eahammers@charter.net

22. DEPOSITORY INSTITUTION NAME

Peoples United Bank

23. DEPOSITORY INSTITUTION ADDRESS

Address

850 Main Street, Bridgeport, CT 06604

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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.

Timothy M Herbst

CANDIDATE SIGNATURE

01/09/2017

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 Statues, 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.

Loretta J Chory

TREASURER SIGNATURE

01/09/2017

DATE (mm/dd/yyyy)

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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 Statues, 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.

Elaine A Hammers

DEPUTY TREASURER SIGNATURE

01/08/2017

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.