

SEEC FORM 4**EXPLORATORY COMMITTEE REGISTRATION**
CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

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Official Use Only**REGISTRATION TYPE**

- ☒
- INITIAL
-
- ☐
- AMENDED

1. ELECTION DATE		2. SUBTYPE OF EXPLORATORY COMMITTEE OFFICE BEING CONSIDERED (Check one below)			
(mm/dd/yyyy) Nov 2016		<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 checked="" type="checkbox"/> 2c. Offices Include General Assembly only Including State Representative <input checked="" 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 Stephen		MI	Last Gifford
					Suffix
4. CANDIDATE RESIDENCE ADDRESS				5. CANDIDATE MAILING ADDRESS (if different)	
Street Address 230 Clintonville Ln				Address	
City North Haven		State CT	Zip Code 06473	City	State Zip Code
6. CANDIDATE TELEPHONE (Include Area Code)			7. CANDIDATE E-MAIL ADDRESS		
(860) 986 — 2529			Stephen.L.Gifford@gmail.com		
8. PARTY AFFILIATION				9. NAME OF COMMITTEE	
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other				Steve Gifford For Connecticut	
10. COMMITTEE ADDRESS					
Address 230 Clintonville Ln				City North Haven	State CT
				Zip Code 06473	
11. COMMITTEE E-MAIL ADDRESS				12. COMMITTEE WEB SITE ADDRESS	
13. TREASURER NAME					
Prefix		First Kathy		MI	Last Spinato-Grant
					Suffix
14. TREASURER RESIDENCE ADDRESS				15. TREASURER MAILING ADDRESS (if different)	
Street Address 28 Sheffield Rd				Address	
City North Haven		State CT	Zip Code 06473	City	State Zip Code
16. TREASURER TELEPHONE (Include Area Code)			17. TREASURER E-MAIL ADDRESS		
() —			kathygrant12@hotmail.com		
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

Stephen Gifford

23. DEPOSITORY INSTITUTION NAME

TD Bank

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
90 Washington Avenue, North Haven, CT 06473			

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.

Stephen Gifford

CANDIDATE (SIGNATURE)

01/28/2016

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.

Kathy Spinato-Grant

TREASURER (SIGNATURE)

01/28/2016

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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