

# SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

## Exploratory Committee Registration

Revised September 2016



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|                                                                                                                                                                                                                                                                             |             |                          |                                                           |       |                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|-----------------------------------------------------------|-------|---------------------------------------------|
| <b>REGISTRATION TYPE</b>                                                                                                                                                                                                                                                    |             | <b>1. COMMITTEE NAME</b> |                                                           |       |                                             |
| <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment                                                                                                                                                                                              |             | Kilian Consensus         |                                                           |       |                                             |
| <b>2. SUBTYPE OF EXPLORATORY COMMITTEE</b> <i>(Office(s) being considered—Check one box)</i>                                                                                                                                                                                |             |                          |                                                           |       |                                             |
| <input type="checkbox"/> <b>A. Offices Include Statewide Office &amp; General Assembly</b><br>Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No |             |                          |                                                           |       |                                             |
| <input type="checkbox"/> <b>B. Offices Include Statewide Offices Only</b><br>Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |             |                          |                                                           |       |                                             |
| <input checked="" type="checkbox"/> <b>C. Offices Include General Assembly Only</b><br>Including State Representative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                   |             |                          |                                                           |       |                                             |
| <input type="checkbox"/> <b>D. Municipal &amp; Other Offices excluding those in Box A, B and C.</b> _____<br><i>(Name of municipality—if applicable)</i>                                                                                                                    |             |                          |                                                           |       |                                             |
| <b>3. PARTY AFFILIATION</b>                                                                                                                                                                                                                                                 |             |                          |                                                           |       | <b>4. ELECTION DATE</b> <i>(mm/dd/yyyy)</i> |
| <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Other <i>(Specify)</i> _____                                                                                                                                      |             |                          |                                                           |       | Nov 2018                                    |
| <b>5. COMMITTEE ADDRESS</b>                                                                                                                                                                                                                                                 |             |                          | <b>6. COMMITTEE EMAIL &amp; WEBSITE</b>                   |       |                                             |
| Address<br>42 West St                                                                                                                                                                                                                                                       |             |                          | Email Address<br>john@kilian.com                          |       |                                             |
| City<br>Middletown                                                                                                                                                                                                                                                          | State<br>CT | Zip Code<br>06457        | Website<br>kilianconsensus.blogspot.com                   |       |                                             |
| <b>7. CANDIDATE NAME</b>                                                                                                                                                                                                                                                    |             |                          |                                                           |       |                                             |
| First Name<br>John                                                                                                                                                                                                                                                          |             | MI<br>P                  | Last Name<br>Kilian                                       |       | Suffix                                      |
| <b>8. CANDIDATE RESIDENCE ADDRESS</b>                                                                                                                                                                                                                                       |             |                          | <b>9. CANDIDATE MAILING ADDRESS</b> <i>(If different)</i> |       |                                             |
| Street Address<br>210 Ridge Rd                                                                                                                                                                                                                                              |             |                          | Address                                                   |       |                                             |
| City<br>Middletown                                                                                                                                                                                                                                                          | State<br>CT | Zip Code<br>06457-44     | City                                                      | State | Zip Code                                    |
| <b>10. CANDIDATE TELEPHONE</b>                                                                                                                                                                                                                                              |             |                          | <b>11. CANDIDATE EMAIL ADDRESS</b>                        |       |                                             |
| <i>(Include Area Code)</i><br>860      918      1903                                                                                                                                                                                                                        |             |                          | john@kilian.com                                           |       |                                             |

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|                                                                                |       |                                           |                                                            |       |          |
|--------------------------------------------------------------------------------|-------|-------------------------------------------|------------------------------------------------------------|-------|----------|
| <b>REGISTRATION TYPE</b>                                                       |       | <b>COMMITTEE NAME</b>                     |                                                            |       |          |
| <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment |       | Kilian Consensus                          |                                                            |       |          |
| <b>12. TREASURER NAME</b>                                                      |       |                                           |                                                            |       |          |
| First Name                                                                     |       | MI                                        | Last Name                                                  |       | Suffix   |
| Mallory                                                                        |       |                                           | Buckingham                                                 |       |          |
| <b>13. TREASURER RESIDENCE ADDRESS</b>                                         |       |                                           | <b>14. TREASURER MAILING ADDRESS (If different)</b>        |       |          |
| Street Address                                                                 |       |                                           | Address                                                    |       |          |
| 42 West St                                                                     |       |                                           |                                                            |       |          |
| City                                                                           | State | Zip Code                                  | City                                                       | State | Zip Code |
| Middletown                                                                     | CT    | 06457                                     |                                                            |       |          |
| <b>15. TREASURER TELEPHONE</b>                                                 |       | <b>16. TREASURER EMAIL ADDRESS</b>        |                                                            |       |          |
| (Include Area Code)                                                            |       |                                           |                                                            |       |          |
| 860        965        5127                                                     |       | malloryslp@yahoo.com                      |                                                            |       |          |
| <b>17. DEPUTY TREASURER NAME</b>                                               |       |                                           |                                                            |       |          |
| First Name                                                                     |       | MI                                        | Last Name                                                  |       | Suffix   |
|                                                                                |       |                                           |                                                            |       |          |
| <b>18. DEPUTY TREASURER RESIDENCE ADDRESS</b>                                  |       |                                           | <b>19. DEPUTY TREASURER MAILING ADDRESS (If different)</b> |       |          |
| Street Address                                                                 |       |                                           | Address                                                    |       |          |
|                                                                                |       |                                           |                                                            |       |          |
| City                                                                           | State | Zip Code                                  | City                                                       | State | Zip Code |
|                                                                                |       |                                           |                                                            |       |          |
| <b>20. DEPUTY TREASURER TELEPHONE</b>                                          |       | <b>21. DEPUTY TREASURER EMAIL ADDRESS</b> |                                                            |       |          |
| (Include Area Code)                                                            |       |                                           |                                                            |       |          |
|                                                                                |       |                                           |                                                            |       |          |
| <b>22. DEPOSITORY INSTITUTION NAME</b>                                         |       |                                           |                                                            |       |          |
| People's United Bank                                                           |       |                                           |                                                            |       |          |
| <b>23. DEPOSITORY INSTITUTION ADDRESS</b>                                      |       |                                           |                                                            |       |          |
| Address                                                                        |       |                                           |                                                            |       |          |
| 416 East Main Street, Middletown, CT 06457                                     |       |                                           |                                                            |       |          |

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| REGISTRATION TYPE                                                              | COMMITTEE NAME   |
|--------------------------------------------------------------------------------|------------------|
| <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment | Kilian Consensus |

## 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.

John P Kilian

07/03/2017

CANDIDATE SIGNATURE

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 Statutes, 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.

Mallory Buckingham

07/03/2017

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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| REGISTRATION TYPE                                                                     | COMMITTEE NAME   |
|---------------------------------------------------------------------------------------|------------------|
| <input checked="checked" type="checkbox"/> Initial <input type="checkbox"/> Amendment | Kilian Consensus |

## 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 Statutes, 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.

\_\_\_\_\_  
DEPUTY TREASURER SIGNATURE

\_\_\_\_\_  
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.***