

# 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		ARUNAN FOR CT			
<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> Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input checked="" type="checkbox"/> <b>B. Offices Include Statewide Offices Only</b> Including State Treasurer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> <b>C. Offices Include General Assembly Only</b> Including State Representative <input 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> _____ <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 PO Box 260805				Email Address arunan@arunanforct.com	
City Hartford		State CT	Zip Code 06126	Website www.arunanforct.com	
<b>7. CANDIDATE NAME</b>					
First Name Arunan		MI D	Last Name Arulampalam		Suffix
<b>8. CANDIDATE RESIDENCE ADDRESS</b>				<b>9. CANDIDATE MAILING ADDRESS</b> <i>(If different)</i>	
Street Address 12 Vernon St				Address PO Box 260805	
City Hartford		State CT	Zip Code 06106	City Hartford	State CT
				Zip Code 06126	
<b>10. CANDIDATE TELEPHONE</b>			<b>11. CANDIDATE EMAIL ADDRESS</b>		
<i>(Include Area Code)</i> 203       786       8311			arunan@arunanforct.com		

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REGISTRATION TYPE		COMMITTEE NAME			
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		ARUNAN FOR CT			
12. TREASURER NAME					
First Name		MI	Last Name		Suffix
Steven		M	Harris		
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
213 Cleveland Ave			PO Box 260805		
City	State	Zip Code	City	State	Zip Code
Hartford	CT	06120	Hartford	CT	06126
15. TREASURER TELEPHONE		16. TREASURER EMAIL ADDRESS			
<i>(Include Area Code)</i>					
203       597       7437		aaronshrag1@gmail.com			
17. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
Aaron		J	Schrag		
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
121 Hill House Rd Apt 1			PO Box 260805		
City	State	Zip Code	City	State	Zip Code
Waterbury	CT	06705	Hartford	CT	06126
20. DEPUTY TREASURER TELEPHONE		21. DEPUTY TREASURER EMAIL ADDRESS			
<i>(Include Area Code)</i>					
203       597       7437		aaronshrag1@gmail.com			
22. DEPOSITORY INSTITUTION NAME					
People's United Bank					
23. DEPOSITORY INSTITUTION ADDRESS					
Address					
1 Financial Plaza, Hartford, CT 06103					

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REGISTRATION TYPE	COMMITTEE NAME
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment	ARUNAN FOR CT

## 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.

Arunan D Arulampalam

01/16/2018

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.

Steven M Harris

01/16/2018

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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REGISTRATION TYPE	COMMITTEE NAME
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment	ARUNAN FOR CT

## 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.

Aaron J Schrag

01/16/2018

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.***