

SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

Exploratory Committee Registration

Revised September 2016



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REGISTRATION TYPE		1. COMMITTEE NAME		
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Mike for CT		
2. SUBTYPE OF EXPLORATORY COMMITTEE <i>(Office(s) being considered—Check one box)</i>				
<input checked="" type="checkbox"/> A. Offices Include Statewide Office & General Assembly				
Including State Representative			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Including State Treasurer			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> B. Offices Include Statewide Offices Only				
Including State Treasurer			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> C. Offices Include General Assembly Only				
Including State Representative			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> D. Municipal & Other Offices excluding those in Box A, B and C. _____ <i>(Name of municipality—if applicable)</i>				
3. PARTY AFFILIATION				4. ELECTION DATE <i>(mm/dd/yyyy)</i>
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Other <i>(Specify)</i>				Nov 2018
5. COMMITTEE ADDRESS			6. COMMITTEE EMAIL & WEBSITE	
Address 620 High St Fl 3			Email Address info@mikedagostino.com	
City Middletown		State CT	Zip Code 06457	Website mikedagostino.com
7. CANDIDATE NAME				
First Name Michael		MI C	Last Name D'Agostino	Suffix
8. CANDIDATE RESIDENCE ADDRESS			9. CANDIDATE MAILING ADDRESS <i>(If different)</i>	
Street Address 575 Ridge Rd			Address	
City Hamden		State CT	Zip Code 06517	City
10. CANDIDATE TELEPHONE <i>(Include Area Code)</i>		11. CANDIDATE EMAIL ADDRESS		
203 230 9292		mike@mikedagostino.com		

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REGISTRATION TYPE	COMMITTEE NAME				
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Mike for CT				
12. TREASURER NAME					
First Name Kristin		MI	Last Name Dolan		Suffix
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS (If different)		
Street Address 100 Adla Dr			Address		
City Hamden		State CT	Zip Code 06517	City	State Zip Code
15. TREASURER TELEPHONE		16. TREASURER EMAIL ADDRESS			
(Include Area Code) 203 407 0801		kristin.dolan@hurleygroup.net			
17. DEPUTY TREASURER NAME					
First Name Eleazar		MI	Last Name Lanzot		Suffix
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address 430 Whalley Ave Apt 2			Address		
City New Haven		State CT	Zip Code 06511	City	State Zip Code
20. DEPUTY TREASURER TELEPHONE		21. DEPUTY TREASURER EMAIL ADDRESS			
(Include Area Code) 203 444 3759		lanzote1@gmail.com			
22. DEPOSITORY INSTITUTION NAME					
Bankwell					
23. DEPOSITORY INSTITUTION ADDRESS					
Address 2704 Dixwell Avenue, Hamden, CT 06514					

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Mike 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.	
Michael C D'Agostino _____ CANDIDATE SIGNATURE	01/03/2018 _____ 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.	
Kristin Dolan _____ TREASURER SIGNATURE	01/03/2018 _____ DATE (mm/dd/yyyy)

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<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Mike 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.

Eleazar Lanzot

01/03/2018

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.