

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 2012		<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 Lori		MI A	Last Nicholson	Suffix	
4. CANDIDATE RESIDENCE ADDRESS			5. CANDIDATE MAILING ADDRESS (if different)			
Street Address 133 Pawson Rd			Address			
City Branford	State CT	Zip Code 06405	City		State	Zip Code
6. CANDIDATE TELEPHONE (Include Area Code)			7. CANDIDATE E-MAIL ADDRESS			
(203) 488 — 9760			nicholson4staterp@gmail.com			
8. PARTY AFFILIATION			9. NAME OF COMMITTEE			
<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other			Nicholson For Branford			
10. COMMITTEE ADDRESS						
Address 133 Pawson Rd			City Branford	State CT	Zip Code 06405	
11. COMMITTEE E-MAIL ADDRESS			12. COMMITTEE WEB SITE ADDRESS			
lori@nicholson2012.com			nicholson2012.com			
13. TREASURER NAME						
Prefix	First Patrizia		MI C	Last DiLonardo	Suffix	
14. TREASURER RESIDENCE ADDRESS			15. TREASURER MAILING ADDRESS (if different)			
Street Address 961 Route 80			Address			
City Guilford	State CT	Zip Code 06437	City		State	Zip Code
16. TREASURER TELEPHONE (Include Area Code)			17. TREASURER E-MAIL ADDRESS			
(203) 457 — 1381			pdl1975@yahoo.com			
18. DEPUTY TREASURER NAME						
Prefix	First Julian		MI D	Last Roberts	Suffix	
19. DEPUTY TREASURER RESIDENCE ADDRESS			20. DEPUTY TREASURER MAILING ADDRESS (if different)			
Street Address 961 Route 80			Address			
City Guilford	State CT	Zip Code 06437	City		State	Zip Code
21. DEPUTY TREASURER TELEPHONE			22. DEPUTY TREASURER E-MAIL ADDRESS			
(203) 457 — 1381			daveroberts266@yahoo.com			

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

Lori A Nicholson

23. DEPOSITORY INSTITUTION NAME

Connex Credit Union

24. DEPOSITORY INSTITUTION ADDRESS

Address P.O. Box 477, North Haven, Ct 06473	City	State	Zip Code
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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.

Lori A Nicholson

CANDIDATE (SIGNATURE)

01/24/2012

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.

Patrizia C DiLonardo

TREASURER (SIGNATURE)

01/24/2012

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.

Julian D Roberts

DEPUTY TREASURER (SIGNATURE)

01/24/2012

DATE (mm/dd/yyyy)

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