

# SEEC FORM 4

## EXPLORATORY COMMITTEE REGISTRATION CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

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### REGISTRATION TYPE

- INITIAL  
 AMENDED

<b>1. ELECTION DATE</b>		<b>2. SUBTYPE OF EXPLORATORY COMMITTEE OFFICE BEING CONSIDERED (Check one below)</b>			
(mm/dd/yyyy) Nov 2012		<input type="checkbox"/> <b>2a. 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 type="checkbox"/> <b>2b. Offices Include Statewide Office only</b> Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input checked="" type="checkbox"/> <b>2c. Offices Include General Assembly only</b> Including State Representative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> <b>2d. Municipal &amp; Other Offices Excluding those in Box 2a, 2b and 2c</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3. CANDIDATE NAME</b>					
Prefix	First Michael	MI C.	Last D'Agostino	Suffix	
<b>4. CANDIDATE RESIDENCE ADDRESS</b>			<b>5. CANDIDATE MAILING ADDRESS (if different)</b>		
Street Address 457 Waite St			Address PO Box 6391		
City Hamden	State CT	Zip Code 06517	City Hamden	State CT	Zip Code 06517
<b>6. CANDIDATE TELEPHONE (Include Area Code)</b>			<b>7. CANDIDATE E-MAIL ADDRESS</b>		
( 203 ) 768 — 5070			mcdagostino2012@gmail.com		
<b>8. PARTY AFFILIATION</b>			<b>9. NAME OF COMMITTEE</b>		
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other			Dagostino 2012		
<b>10. COMMITTEE ADDRESS</b>					
Address PO Box 6391			City Hamden	State CT	Zip Code 06517
<b>11. COMMITTEE E-MAIL ADDRESS</b>			<b>12. COMMITTEE WEB SITE ADDRESS</b>		
mikedagostino2012@gmail.com					
<b>13. TREASURER NAME</b>					
Prefix	First Kate	MI	Last Schuler	Suffix	
<b>14. TREASURER RESIDENCE ADDRESS</b>			<b>15. TREASURER MAILING ADDRESS (if different)</b>		
Street Address 83 Woodpond Rd			Address PO Box 6391		
City West Hartford	State CT	Zip Code 06107	City Hamden	State CT	Zip Code 06517
<b>16. TREASURER TELEPHONE (Include Area Code)</b>			<b>17. TREASURER E-MAIL ADDRESS</b>		
( 203 ) 823 — 5459			kooschuler@gmail.com		
<b>18. DEPUTY TREASURER NAME</b>					
Prefix	First	MI	Last	Suffix	
<b>19. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>20. DEPUTY TREASURER MAILING ADDRESS (if different)</b>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>21. DEPUTY TREASURER TELEPHONE</b>			<b>22. DEPUTY TREASURER E-MAIL ADDRESS</b>		
( ) —					

**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

Michael C. D'Agostino

### 23. DEPOSITORY INSTITUTION NAME

Peoples United Bank

### 24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
1 Financial Plaza, Hartford, CT 06103			

### 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.

Michael C. D'Agostino

04/17/2012

CANDIDATE (SIGNATURE)

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.

Kate Schuler

04/17/2012

TREASURER (SIGNATURE)

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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