

SEEC FORM 4**EXPLORATORY COMMITTEE REGISTRATION**
CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

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Do Not Mark in This Space For
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 checked="" type="checkbox"/> 2a. 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"/> 2b. Offices Include Statewide Office only Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | <input type="checkbox"/> 2c. Offices Include General Assembly only Including State Representative <input 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 Christopher | MI J | Last Taylor | Suffix | | | |
| 4. CANDIDATE RESIDENCE ADDRESS | | | | 5. CANDIDATE MAILING ADDRESS (if different) | | | |
| Street Address 270 Bronson Rd | | | | Address | | | |
| City Southport | | State CT | Zip Code 06890 | City | | State Zip Code | |
| 6. CANDIDATE TELEPHONE (Include Area Code) | | | 7. CANDIDATE E-MAIL ADDRESS | | | | |
| (203) 395 — 6985 | | | christaylorforstaterep@aol.com | | | | |
| 8. PARTY AFFILIATION | | | | 9. NAME OF COMMITTEE | | | |
| <input type="checkbox"/> Republican <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Other Independent Party | | | | Chris Taylor For State Rep. | | | |
| 10. COMMITTEE ADDRESS | | | | | | | |
| Address 66 Myrtlewood Dr | | | | City Milford | | State CT Zip Code 06461 | |
| 11. COMMITTEE E-MAIL ADDRESS | | | | 12. COMMITTEE WEB SITE ADDRESS | | | |
| christaylorforstaterep@aol.com | | | | | | | |
| 13. TREASURER NAME | | | | | | | |
| Prefix | First John | MI A | Last Pinheiro | Suffix | | | |
| 14. TREASURER RESIDENCE ADDRESS | | | | 15. TREASURER MAILING ADDRESS (if different) | | | |
| Street Address 66 Myrtlewood Dr | | | | Address | | | |
| City Milford | | State CT | Zip Code 06460 | City | | State Zip Code | |
| 16. TREASURER TELEPHONE (Include Area Code) | | | 17. TREASURER E-MAIL ADDRESS | | | | |
| (203) 209 — 2449 | | | pinheirojohna@gmail.com | | | | |
| 18. DEPUTY TREASURER NAME | | | | | | | |
| Prefix | First | MI | Last | Suffix | | | |
| 19. DEPUTY TREASURER RESIDENCE ADDRESS | | | | 20. DEPUTY TREASURER MAILING ADDRESS (if different) | | | |
| Street Address | | | | Address | | | |
| City | | State | Zip Code | City | | State Zip Code | |
| 21. DEPUTY TREASURER TELEPHONE | | | 22. DEPUTY TREASURER E-MAIL ADDRESS | | | | |
| () — | | | | | | | |

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

Christopher J Taylor

23. DEPOSITORY INSTITUTION NAME

Bank of America

24. DEPOSITORY INSTITUTION ADDRESS

| Address | City | State | Zip Code |
|----------------------------------|------|-------|----------|
| 88 Broadway, New Haven, CT 06511 | | | |

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.

Christopher J Taylor

04/28/2012

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.

John A Pinheiro

04/28/2012

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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