

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 2014	<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 type="checkbox"/> 2c. Offices Include General Assembly only Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> 2d. Municipal & Other Offices Excluding those in Box 2a, 2b and 2c <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. CANDIDATE NAME						
Prefix	First Matthew		MI	Last Jalowiec	Suffix	
4. CANDIDATE RESIDENCE ADDRESS			5. CANDIDATE MAILING ADDRESS (if different)			
Street Address 565 N Brooksvale Rd			Address			
City Cheshire	State CT	Zip Code 06410	City		State	Zip Code
6. CANDIDATE TELEPHONE (Include Area Code)			7. CANDIDATE E-MAIL ADDRESS			
(203) 272 — 5989						
8. PARTY AFFILIATION			9. NAME OF COMMITTEE			
<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other			Jalowiec For Probate*			
10. COMMITTEE ADDRESS						
Address 442 Highland Ave Ste 13			City Cheshire	State CT	Zip Code 06410	
11. COMMITTEE E-MAIL ADDRESS			12. COMMITTEE WEB SITE ADDRESS			
13. TREASURER NAME						
Prefix	First Eric		MI	Last Gunther	Suffix	
14. TREASURER RESIDENCE ADDRESS			15. TREASURER MAILING ADDRESS (if different)			
Street Address 358 Highland Ave			Address			
City Cheshire	State CT	Zip Code 06410	City		State	Zip Code
16. TREASURER TELEPHONE (Include Area Code)			17. TREASURER E-MAIL ADDRESS			
(203) 439 — 0452						
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			
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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

Matthew J Jalowiec

23. DEPOSITORY INSTITUTION NAME

Naugatuck Savings Bank

24. DEPOSITORY INSTITUTION ADDRESS

Address 218 Maple Ave Chesire CT 06410	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.

Matthew J Jalowiec

CANDIDATE (SIGNATURE)

09/01/2013

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.

Eric Gunther

TREASURER (SIGNATURE)

09/01/2013

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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