

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 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	MI	Last	Suffix			
	Vickie	O	Nardello				
4. CANDIDATE RESIDENCE ADDRESS				5. CANDIDATE MAILING ADDRESS (if different)			
Street Address 8 Laurel Ln				Address			
City Prospect		State CT	Zip Code 06712	City		State	Zip Code
6. CANDIDATE TELEPHONE (Include Area Code)				7. CANDIDATE E-MAIL ADDRESS			
(203) 758 — 5888				vnardello@aol.com			
8. PARTY AFFILIATION				9. NAME OF COMMITTEE			
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other				Friends Of Vickie Nardello			
10. COMMITTEE ADDRESS							
Address 8 Laura Ln				City Prospect		State CT	Zip Code 06712
11. COMMITTEE E-MAIL ADDRESS				12. COMMITTEE WEB SITE ADDRESS			
13. TREASURER NAME							
Prefix	First	MI	Last	Suffix			
	Megen		Groski				
14. TREASURER RESIDENCE ADDRESS				15. TREASURER MAILING ADDRESS (if different)			
Street Address 22 Walnut St				Address			
City Watertown		State CT	Zip Code 06795	City		State	Zip Code
16. TREASURER TELEPHONE (Include Area Code)				17. TREASURER E-MAIL ADDRESS			
(203) 207 — 6715				megenn@gmail.com			
18. DEPUTY TREASURER NAME							
Prefix	First	MI	Last	Suffix			
	Nancy	M.	Spagnolo				
19. DEPUTY TREASURER RESIDENCE ADDRESS				20. DEPUTY TREASURER MAILING ADDRESS (if different)			
Street Address 870 Carrington Rd				Address			
City Bethany		State CT	Zip Code 06524	City		State	Zip Code
21. DEPUTY TREASURER TELEPHONE				22. DEPUTY TREASURER E-MAIL ADDRESS			
(203) 525 — 0487				nmspagnolo@gmail.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

Vickie O Nardello

23. DEPOSITORY INSTITUTION NAME

Webster Bank

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
Waterbury Road, Prospect, CT 06712			

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.

Vickie O Nardello

02/10/2014

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.

Megen Groski

02/10/2014

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.

Nancy M. Spagnolo

02/10/2014

DEPUTY TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

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