SEEC FORM 4

EXPLORATORY COMMITTEE REGISTRATION

CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

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REGISTRATION TYPE

☐ INITIAL

☑ AMENDED

1. ELECTION DATE	2. SUBTYPE OF EXPLORATORY COMMITTEE OFFICE BEING CONSIDERED (Check one below)	
(mm/dd/yyyy) Nov 2014	☐ **2a. Offices Include Statewide Office & General Assembly** Including State Representative ☐ Yes ☐ No Including State Treasurer ☐ Yes ☐ No	☐ **2b. Offices Include Statewide Office only** Including State Treasurer ☐ Yes ☐ No
	☑ **2c. Offices Include General Assembly only** Including State Representative ☑ Yes ☐ No	☐ **2d.Municipal & Other Offices Excluding those in Box 2a, 2b and 2c** ☐ Yes ☐ No

3. CANDIDATE NAME

Prefix	First	MI	Last	Suffix
	Emily	D.	Wilson	

4. CANDIDATE RESIDENCE ADDRESS			5. CANDIDATE MAILING ADDRESS *(if different)*		
Street Address: 41 1/2 Soundview Ave			Address:		
City: Norwalk	State: CT	Zip Code: 06854	City:	State:	Zip Code:

6. CANDIDATE TELEPHONE *(Include Area Code)*	7. CANDIDATE E-MAIL ADDRESS
(203) 554 — 4001	lykeson@yahoo.com

8. PARTY AFFILIATION	9. NAME OF COMMITTEE
☑ Republican ☐ Democratic ☐ Other	Emily Wilson For State Representative*

10. COMMITTEE ADDRESS

Address	City	State	Zip Code
5 Kristen Ln	Norwalk	CT	06851

11. COMMITTEE E-MAIL ADDRESS	12. COMMITTEE WEB SITE ADDRESS

13. TREASURER NAME

Prefix	First	MI	Last	Suffix
	Linda		Kruk	

14. TREASURER RESIDENCE ADDRESS			15. TREASURER MAILING ADDRESS *(if different)*		
Street Address: 5 Kristen Ln			Address:		
City: Norwalk	State: CT	Zip Code: 06851	City:	State:	Zip Code:

16. TREASURER TELEPHONE *(Include Area Code)*	17. TREASURER E-MAIL ADDRESS
(203) 846 — 8181	lskruk@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

Emily D. Wilson

23. DEPOSITORY INSTITUTION NAME

TD Bank

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
437 Westport Avenue, Norwalk, CT 06851			

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.

Emily D. Wilson — CANDIDATE (SIGNATURE)

04/03/2014 — 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.

Linda Kruk — TREASURER (SIGNATURE)

04/03/2014 — 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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