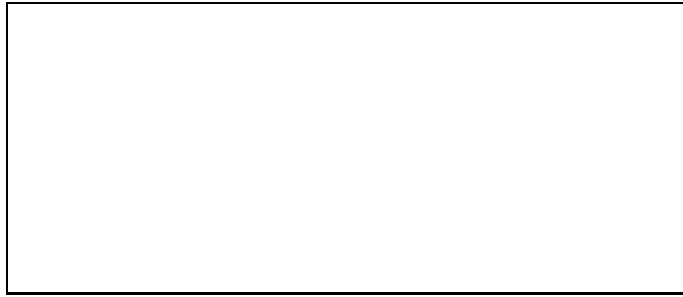


# SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

## Exploratory Committee Registration

Revised September 2016



<b>REGISTRATION TYPE</b>		<b>1. COMMITTEE NAME</b>			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Linares 2018			
<b>2. SUBTYPE OF EXPLORATORY COMMITTEE</b> <i>(Office(s) being considered—Check one box)</i>					
<input checked="" type="checkbox"/> <b>A. Offices Include Statewide Office &amp; General Assembly</b>					
			Including State Representative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Including State Treasurer		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>B. Offices Include Statewide Offices Only</b>					
			Including State Treasurer		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>C. Offices Include General Assembly Only</b>					
			Including State Representative		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>D. Municipal &amp; Other Offices excluding those in Box A, B and C.</b> _____ <i>(Name of municipality—if applicable)</i>					
<b>3. PARTY AFFILIATION</b>				<b>4. ELECTION DATE</b> <i>(mm/dd/yyyy)</i>	
<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democrat <input type="checkbox"/> Other <i>(Specify)</i> _____				Nov 2018	
<b>5. COMMITTEE ADDRESS</b>			<b>6. COMMITTEE EMAIL &amp; WEBSITE</b>		
Address 1110 Old Clinton Rd Unit E			Email Address lschopin@yahoo.com		
City Westbrook	State CT	Zip Code 06498	Website linares2018.com		
<b>7. CANDIDATE NAME</b>					
First Name Art		MI	Last Name Linares		Suffix
<b>8. CANDIDATE RESIDENCE ADDRESS</b>			<b>9. CANDIDATE MAILING ADDRESS</b> <i>(If different)</i>		
Street Address 1110 Old Clinton Rd Unit W			Address 1110 Old Clinton Rd Unit E		
City Westbrook	State CT	Zip Code 06498	City Westbrook	State CT	Zip Code 06498
<b>10. CANDIDATE TELEPHONE</b>			<b>11. CANDIDATE EMAIL ADDRESS</b>		
<i>(Include Area Code)</i> 860      304      7923			aslinares33@gmail.com		

# SEEC FORM 4

Revised September 2016

REGISTRATION TYPE		COMMITTEE NAME			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Linares 2018			
12. TREASURER NAME					
First Name		MI	Last Name		Suffix
Lucille		M	Silvestrini		
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
164 Hammock Rd N Unit 6					
City	State	Zip Code	City	State	Zip Code
Westbrook	CT	06498			
15. TREASURER TELEPHONE		16. TREASURER EMAIL ADDRESS			
<i>(Include Area Code)</i>					
860	638	7695	lschopin@yahoo.com		
17. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
20. DEPUTY TREASURER TELEPHONE		21. DEPUTY TREASURER EMAIL ADDRESS			
<i>(Include Area Code)</i>					
22. DEPOSITORY INSTITUTION NAME					
Liberty Bank-Old Saybrook					
23. DEPOSITORY INSTITUTION ADDRESS					
Address					
90 Main Street, Old Saybrook, CT 06475					

**SEEC FORM 4**  
Revised September 2016

REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Linares 2018

**24. CERTIFICATION**

Candidate

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.

Art Linares

11/08/2017

\_\_\_\_\_  
CANDIDATE SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)

Treasurer

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 certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.

Lucille M Silvestrini

11/08/2017

\_\_\_\_\_  
TREASURER SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)

# SEEC FORM 4

Revised September 2016

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Linares 2018

## 24. CERTIFICATION *continued*

Deputy Treasurer

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 certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

\_\_\_\_\_  
DEPUTY TREASURER SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)

***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.***