

SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

Exploratory Committee Registration

Revised September 2016



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REGISTRATION TYPE		1. COMMITTEE NAME			
<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	Friends of Alex Taubes			
2. SUBTYPE OF EXPLORATORY COMMITTEE (Office(s) being considered—Check one box)					
<input type="checkbox"/> A. 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"/> B. Offices Include Statewide Offices Only					
				Including State Treasurer	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> C. Offices Include General Assembly Only					
				Including State Representative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> D. Municipal & Other Offices excluding those in Box A, B and C. _____ <i>(Name of municipality—if applicable)</i>					
3. PARTY AFFILIATION					4. ELECTION DATE (mm/dd/yyyy)
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Other (Specify) _____					Nov 2020
5. COMMITTEE ADDRESS			6. COMMITTEE EMAIL & WEBSITE		
Address 109 Church St Unit 206			Email Address alextt@gmail.com		
City New Haven		State CT	Zip Code 06510	Website	
7. CANDIDATE NAME					
First Name Alexander		MI T	Last Name Taubes		Suffix
8. CANDIDATE RESIDENCE ADDRESS			9. CANDIDATE MAILING ADDRESS (If different)		
Street Address 109 Church St Unit 206			Address		
City New Haven		State CT	Zip Code 06510	City	State Zip Code
10. CANDIDATE TELEPHONE			11. CANDIDATE EMAIL ADDRESS		
(Include Area Code) 203 909 0048			alextt@gmail.com		

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REGISTRATION TYPE		COMMITTEE NAME			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Friends of Alex Taubes			
12. TREASURER NAME					
First Name		MI	Last Name		Suffix
Pamela			Allen		
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
1580 Chapel St			258 Winthrop Ave		
City		State	Zip Code	City	
New Haven		CT	06511	New Haven	
15. TREASURER TELEPHONE			16. TREASURER EMAIL ADDRESS		
<i>(Include Area Code)</i>					
203 809 8714			allen06511@aol.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	
20. DEPUTY TREASURER TELEPHONE			21. DEPUTY TREASURER EMAIL ADDRESS		
<i>(Include Area Code)</i>					
22. DEPOSITORY INSTITUTION NAME					
People's United Bank					
23. DEPOSITORY INSTITUTION ADDRESS					
Address					
112 Amity Road, New Haven, CT 06515					

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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.

Alexander T Taubes

12/27/2019

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.

Pamela Allen

12/27/2019

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Friends of Alex Taubes

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.