

SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

Exploratory Committee Registration

Revised September 2016



Received by SEEC
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| | | | | | |
|---|-------------|--------------------------|---|---|----------|
| REGISTRATION TYPE | | 1. COMMITTEE NAME | | | |
| <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment | | LUMAJ4CT | | | |
| 2. SUBTYPE OF EXPLORATORY COMMITTEE <i>(Office(s) being considered—Check one box)</i> | | | | | |
| <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 checked="" type="checkbox"/> B. Offices Include Statewide Offices Only Including State Treasurer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| <input type="checkbox"/> C. Offices Include General Assembly Only Including State Representative <input type="checkbox"/> Yes <input 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 <i>(mm/dd/yyyy)</i> | |
| <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democrat <input type="checkbox"/> Other <i>(Specify)</i> _____ | | | | Nov 3, 2026 | |
| 5. COMMITTEE ADDRESS | | | 6. COMMITTEE EMAIL & WEBSITE | | |
| Address 4 Grove St Unit 23 | | | Email Address | | |
| City Moodus | State CT | Zip Code 06069 | Website www.peterlumaj.com | | |
| 7. CANDIDATE NAME | | | | | |
| First Name Peter | | MI | Last Name Lumaj | | Suffix |
| 8. CANDIDATE RESIDENCE ADDRESS | | | 9. CANDIDATE MAILING ADDRESS <i>(If different)</i> | | |
| Street Address 745 Mill Plain Rd | | | Address | | |
| City Fairfield | State CT | Zip Code 06824 | City | State | Zip Code |
| 10. CANDIDATE TELEPHONE <i>(Include Area Code)</i> | | | 11. CANDIDATE EMAIL ADDRESS | | |
| 347 992 7783 | | | PETERLUMAJ@AOL.COM | | |

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|--|--|----------------|------------------------------------|--|--|--------|--|
| <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment | | LUMAJ4CT | | | | | |
| 12. TREASURER NAME | | | | | | | |
| First Name | | | MI | Last Name | | Suffix | |
| Michele | | | P | Gregorio | | | |
| 13. TREASURER RESIDENCE ADDRESS | | | | 14. TREASURER MAILING ADDRESS <i>(If different)</i> | | | |
| Street Address | | | | Address | | | |
| 4 Grove St Unit 23 | | | | | | | |
| City | | State | Zip Code | City | | State | |
| Moodus | | CT | 06469 | | | | |
| 15. TREASURER TELEPHONE | | | 16. TREASURER EMAIL ADDRESS | | | | |
| <i>(Include Area Code)</i> | | | | | | | |
| 203 231 7274 | | | michelepgregorio@gmail.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 | |
| | | | | | | | |
| 20. DEPUTY TREASURER TELEPHONE | | | 21. DEPUTY TREASURER EMAIL ADDRESS | | | | |
| <i>(Include Area Code)</i> | | | | | | | |
| | | | | | | | |
| 22. DEPOSITORY INSTITUTION NAME | | | | | | | |
| NBT BANK | | | | | | | |
| 23. DEPOSITORY INSTITUTION ADDRESS | | | | | | | |
| Address | | | | | | | |
| 2670 Main St GLastonbury, Ct. 06033 | | | | | | | |

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| <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment | LUMAJ4CT |

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.

Peter Lumaj

05/07/2025

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.

Michele P Gregorio

05/07/2025

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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| REGISTRATION TYPE | COMMITTEE NAME |
|--|----------------|
| <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment | LUMAJ4CT |

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.