

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 2008		<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 Dr	First Kenneth	MI B.	Last Cutler	Suffix			
4. CANDIDATE RESIDENCE ADDRESS				5. CANDIDATE MAILING ADDRESS (if different)			
Street Address 125 STRAWBERRY HILL AVE # 302				Address 293 ROCKY RAPIDS RD			
City STAMFORD	State CT	Zip Code 06902	City STAMFORD	State CT	Zip Code 06903		
6. CANDIDATE TELEPHONE (Include Area Code)			7. CANDIDATE E-MAIL ADDRESS				
(203) 968 — 1142			cutlerk@aol.com				
8. PARTY AFFILIATION			9. NAME OF COMMITTEE				
<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other			Cutler Exploratory Committee				
10. COMMITTEE ADDRESS							
Address 293 ROCKY RAPIDS RD			City STAMFORD	State CT	Zip Code 06903		
11. COMMITTEE E-MAIL ADDRESS				12. COMMITTEE WEB SITE ADDRESS			
cutlerk@aol.com							
13. TREASURER NAME							
Prefix	First Emily	MI	Last Lu	Suffix			
14. TREASURER RESIDENCE ADDRESS				15. TREASURER MAILING ADDRESS (if different)			
Street Address 203 ROCKY RAPIDS RD				Address			
City STAMFORD	State CT	Zip Code 06903	City	State	Zip Code		
16. TREASURER TELEPHONE (Include Area Code)			17. TREASURER E-MAIL ADDRESS				
(203) 536 — 4994			office@kennthcutlermd.com				
18. DEPUTY TREASURER NAME							
Prefix	First Allyson	MI	Last Murphy	Suffix			
19. DEPUTY TREASURER RESIDENCE ADDRESS				20. DEPUTY TREASURER MAILING ADDRESS (if different)			
Street Address 64 OSBORNE AVE # 2				Address 2600 POST RD			
City NORWALK	State CT	Zip Code 06850	City SOUTHPORT	State CT	Zip Code 06890		
21. DEPUTY TREASURER TELEPHONE			22. DEPUTY TREASURER E-MAIL ADDRESS				
(203) 254 — 2292			southport2600@hotmail.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

Kenneth B. Cutler

23. DEPOSITORY INSTITUTION NAME

Citibank

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
High Ridge Road, Stamford, CT 06905			

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.

Kenneth B. Cutler

01/02/2008

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.

Emily Lu

01/02/2008

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.

Allyson Murphy

01/30/2008

DEPUTY TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

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