

# SEEC FORM 4

## EXPLORATORY COMMITTEE REGISTRATION CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

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### REGISTRATION TYPE

- INITIAL  
 AMENDED

<b>1. ELECTION DATE</b>		<b>2. SUBTYPE OF EXPLORATORY COMMITTEE OFFICE BEING CONSIDERED (Check one below)</b>			
(mm/dd/yyyy) Nov 2010		<input type="checkbox"/> <b>2a. Offices Include Statewide Office &amp; General Assembly</b> 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>2b. Offices Include Statewide Office only</b> Including State Treasurer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input type="checkbox"/> <b>2c. Offices Include General Assembly only</b> Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> <b>2d. Municipal &amp; Other Offices Excluding those in Box 2a, 2b and 2c</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3. CANDIDATE NAME</b>					
Prefix	First M.	MI Jodi	Last Rell	Suffix	
<b>4. CANDIDATE RESIDENCE ADDRESS</b>			<b>5. CANDIDATE MAILING ADDRESS (if different)</b>		
Street Address 125 LONG MEADOW RD			Address		
City BROOKFIELD	State CT	Zip Code 06804	City	State	Zip Code
<b>6. CANDIDATE TELEPHONE (Include Area Code)</b>		<b>7. CANDIDATE E-MAIL ADDRESS</b>			
( 860 ) 523 — 7014					
<b>8. PARTY AFFILIATION</b>			<b>9. NAME OF COMMITTEE</b>		
<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other			Jodi Rell, Governor		
<b>10. COMMITTEE ADDRESS</b>					
Address 271817 PO Box			City WEST HARTFORD	State CT	Zip Code 06127-1817
<b>11. COMMITTEE E-MAIL ADDRESS</b>			<b>12. COMMITTEE WEB SITE ADDRESS</b>		
<b>13. TREASURER NAME</b>					
Prefix	First Thomas	MI J	Last Filomeno	Suffix	
<b>14. TREASURER RESIDENCE ADDRESS</b>			<b>15. TREASURER MAILING ADDRESS (if different)</b>		
Street Address 31 BONNY VIEW RD			Address		
City WEST HARTFORD	State CT	Zip Code 06107	City	State	Zip Code
<b>16. TREASURER TELEPHONE (Include Area Code)</b>		<b>17. TREASURER E-MAIL ADDRESS</b>			
( 860 ) 760 — 7031		TJF@Filomeno.com			
<b>18. DEPUTY TREASURER NAME</b>					
Prefix	First Brian	MI R.	Last Farnen	Suffix	
<b>19. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>20. DEPUTY TREASURER MAILING ADDRESS (if different)</b>		
Street Address 9 OWEN ST APT 304			Address 146 WALDEN ST		
City HARTFORD	State CT	Zip Code 06105	City WEST HARTFORD	State CT	Zip Code 06107
<b>21. DEPUTY TREASURER TELEPHONE</b>		<b>22. DEPUTY TREASURER E-MAIL ADDRESS</b>			
( 860 ) 965 — 5582		bfarnen@massmutual.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

M. Jodi Rell

### 23. DEPOSITORY INSTITUTION NAME

Bank of America

### 24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
North Main Street, West Hartford, CT 06107			

### 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.

M. Jodi Rell

CANDIDATE (SIGNATURE)

08/05/2008

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.

Thomas J Filomeno

TREASURER (SIGNATURE)

08/05/2008

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.

Brian R. Farnen

DEPUTY TREASURER (SIGNATURE)

08/05/2008

DATE (mm/dd/yyyy)

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