

SEEC FORM 4**EXPLORATORY COMMITTEE REGISTRATION**
CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

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Do Not Mark in This Space For
Official Use Only**REGISTRATION TYPE**

-
- INITIAL
-
-
- AMENDED

1. ELECTION DATE	2. SUBTYPE OF EXPLORATORY COMMITTEE OFFICE BEING CONSIDERED (Check one below)				
(mm/dd/yyyy) Nov 2010	<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 checked="" type="checkbox"/> 2b. Offices Include Statewide Office only Including State Treasurer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<input type="checkbox"/> 2c. Offices Include General Assembly only Including State Representative <input 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	First Susan	MI	Last Bysiewicz	Suffix	
4. CANDIDATE RESIDENCE ADDRESS			5. CANDIDATE MAILING ADDRESS (if different)		
Street Address 125 Clover St			Address		
City Middletown	State CT	Zip Code 06457-5204	City	State	Zip Code
6. CANDIDATE TELEPHONE (Include Area Code)			7. CANDIDATE E-MAIL ADDRESS		
(860) 346 — 0695					
8. PARTY AFFILIATION			9. NAME OF COMMITTEE		
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other			Friends Of Susan 2010, Inc.		
10. COMMITTEE ADDRESS					
Address PO Box 722			City Rocky Hill	State CT	Zip Code 06067
11. COMMITTEE E-MAIL ADDRESS			12. COMMITTEE WEB SITE ADDRESS		
13. TREASURER NAME					
Prefix	First Ted	MI	Last Doolittle	Suffix	
14. TREASURER RESIDENCE ADDRESS			15. TREASURER MAILING ADDRESS (if different)		
Street Address 84 Walden St			Address		
City West Hartford	State CT	Zip Code 06107	City	State	Zip Code
16. TREASURER TELEPHONE (Include Area Code)			17. TREASURER E-MAIL ADDRESS		
(860) 561 — 8775			tmdoolittle@hotmail.com		
18. DEPUTY TREASURER NAME					
Prefix	First Stephen	MI A	Last Toross	Suffix	
19. DEPUTY TREASURER RESIDENCE ADDRESS			20. DEPUTY TREASURER MAILING ADDRESS (if different)		
Street Address 11 Rebecca Ln			Address		
City Simsbury	State CT	Zip Code 06070	City	State	Zip Code
21. DEPUTY TREASURER TELEPHONE			22. DEPUTY TREASURER E-MAIL ADDRESS		
(860) 676 — 7100			stoross@flrcpa.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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Susan Bysiewicz

23. DEPOSITORY INSTITUTION NAME

Webster Bank

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
One Webster Plaza, Waterbury, CT 06705			

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.

Susan Bysiewicz

07/13/2009

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.

Ted Doolittle

07/13/2009

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.

Stephen A Toross

07/13/2009

DEPUTY TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

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