

SEEC FORM 4

EXPLORATORY COMMITTEE REGISTRATION CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

Page 1 of 2



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 checked="" type="checkbox"/> 2a. Offices Include Statewide Office & General Assembly Including State Representative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Including State Treasurer <input checked="" 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 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 Jason		MI D	Last Perillo		Suffix
4. CANDIDATE RESIDENCE ADDRESS				5. CANDIDATE MAILING ADDRESS (if different)			
Street Address 454 Coram Ave				Address			
City Shelton		State CT	Zip Code 06484	City		State	Zip Code
6. CANDIDATE TELEPHONE (Include Area Code)				7. CANDIDATE E-MAIL ADDRESS			
(203) 627 — 3030				jperillo@sheltonems.com			
8. PARTY AFFILIATION					9. NAME OF COMMITTEE		
<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other					Perillo 2010		
10. COMMITTEE ADDRESS							
Address 454 Coram Ave				City Shelton		State CT	Zip Code 06484
11. COMMITTEE E-MAIL ADDRESS				12. COMMITTEE WEB SITE ADDRESS			
13. TREASURER NAME							
Prefix		First Noreen		MI	Last McGorty		Suffix
14. TREASURER RESIDENCE ADDRESS				15. TREASURER MAILING ADDRESS (if different)			
Street Address 30 Wigwam Dr				Address			
City Shelton		State CT	Zip Code 06484	City		State	Zip Code
16. TREASURER TELEPHONE (Include Area Code)				17. TREASURER E-MAIL ADDRESS			
(203) 926 — 1638				nmcgorty@spruceinvest.com			
18. DEPUTY TREASURER NAME							
Prefix		First		MI	Last		Suffix
19. DEPUTY TREASURER RESIDENCE ADDRESS				20. DEPUTY TREASURER MAILING ADDRESS (if different)			
Street Address				Address			
City		State	Zip Code	City		State	Zip Code
21. DEPUTY TREASURER TELEPHONE				22. DEPUTY TREASURER E-MAIL ADDRESS			
() —							

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.

SEEC FORM 4

EXPLORATORY COMMITTEE REGISTRATION CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

Page 2 of 2



Do Not Mark in This Space For
Official Use Only

CANDIDATE NAME

Jason D Perillo

23. DEPOSITORY INSTITUTION NAME

Naugatuck Valley Savings and Loan

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
333 Church Street, PO Box 599, Naugatuck, CT 06770			

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.

Jason D Perillo

CANDIDATE (SIGNATURE)

07/03/2009

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.

Noreen McGorty

TREASURER (SIGNATURE)

07/22/2009

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.

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.