

# 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

<b>1. ELECTION DATE</b>		<b>2. SUBTYPE OF EXPLORATORY COMMITTEE OFFICE BEING CONSIDERED (Check one below)</b>					
(mm/dd/yyyy) Nov 2010		<input checked="" type="checkbox"/> <b>2a. Offices Include Statewide Office &amp; General Assembly</b> Including State Representative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Including State Treasurer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> <b>2b. Offices Include Statewide Office only</b> Including State Treasurer <input type="checkbox"/> Yes <input 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 Christopher		MI D	Last Coutu		Suffix
<b>4. CANDIDATE RESIDENCE ADDRESS</b>				<b>5. CANDIDATE MAILING ADDRESS (if different)</b>			
Street Address 27 School St				Address			
City Taftville		State CT	Zip Code 06380	City		State	Zip Code
<b>6. CANDIDATE TELEPHONE (Include Area Code)</b>				<b>7. CANDIDATE E-MAIL ADDRESS</b>			
( 860 ) 857 — 5762				electcoutu@gmail.com			
<b>8. PARTY AFFILIATION</b>				<b>9. NAME OF COMMITTEE</b>			
<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other				Friends Of Coutu			
<b>10. COMMITTEE ADDRESS</b>							
Address 27 School St				City Taftville		State CT	Zip Code 06380
<b>11. COMMITTEE E-MAIL ADDRESS</b>				<b>12. COMMITTEE WEB SITE ADDRESS</b>			
electcoutu@gmail.com							
<b>13. TREASURER NAME</b>							
Prefix		First Kathleen		MI J	Last LaTour		Suffix
<b>14. TREASURER RESIDENCE ADDRESS</b>				<b>15. TREASURER MAILING ADDRESS (if different)</b>			
Street Address 146 Scotland Rd				Address			
City Baltic		State CT	Zip Code 06330	City		State	Zip Code
<b>16. TREASURER TELEPHONE (Include Area Code)</b>				<b>17. TREASURER E-MAIL ADDRESS</b>			
( 860 ) 822 — 6202				kathychm@snet.net			
<b>18. DEPUTY TREASURER NAME</b>							
Prefix		First		MI	Last		Suffix
<b>19. DEPUTY TREASURER RESIDENCE ADDRESS</b>				<b>20. DEPUTY TREASURER MAILING ADDRESS (if different)</b>			
Street Address				Address			
City		State	Zip Code	City		State	Zip Code
<b>21. DEPUTY TREASURER TELEPHONE</b>				<b>22. DEPUTY TREASURER E-MAIL ADDRESS</b>			
( ) —							

**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

Christopher D Coutu

### 23. DEPOSITORY INSTITUTION NAME

Chelsea Groton Bank

### 24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
Wilimantic Road, Route 207, Sprague, CT 06330			

### 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.

Christopher D Coutu

10/16/2009

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.

Kathleen J LaTour

10/16/2009

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.

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.**