

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

Rev. 3/07

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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 Jeffrey		MI A.	Last Wright		Suffix
4. CANDIDATE RESIDENCE ADDRESS				5. CANDIDATE MAILING ADDRESS (if different)			
Street Address 108 Halleran Dr				Address			
City Newington		State CT	Zip Code 06111	City		State	Zip Code
6. CANDIDATE TELEPHONE (Include Area Code)				7. CANDIDATE E-MAIL ADDRESS			
(860) 665 — 7943				jwcfpp61@yahoo.com			
8. PARTY AFFILIATION					9. NAME OF COMMITTEE		
<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other					Wright For CT		
10. COMMITTEE ADDRESS							
Address 110 Steeplechase Dr				City Newington		State CT	Zip Code 06111
11. COMMITTEE E-MAIL ADDRESS				12. COMMITTEE WEB SITE ADDRESS			
mmcas1994@sbcglobal.net							
13. TREASURER NAME							
Prefix		First Michael		MI	Last Casasanta		Suffix
14. TREASURER RESIDENCE ADDRESS				15. TREASURER MAILING ADDRESS (if different)			
Street Address 110 Steeplechase Dr				Address			
City Newington		State CT	Zip Code 06111	City		State	Zip Code
16. TREASURER TELEPHONE (Include Area Code)				17. TREASURER E-MAIL ADDRESS			
(860) 665 — 9273				mmcas1994@sbcglobal.net			
18. DEPUTY TREASURER NAME							
Prefix		First Robert		MI	Last Briggaman		Suffix
19. DEPUTY TREASURER RESIDENCE ADDRESS				20. DEPUTY TREASURER MAILING ADDRESS (if different)			
Street Address 14 Waters Ave				Address			
City Rocky Hill		State CT	Zip Code 06067	City		State	Zip Code
21. DEPUTY TREASURER TELEPHONE				22. DEPUTY TREASURER E-MAIL ADDRESS			
(860) 257 — 3636				briggfam@aol.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

Jeffrey A. Wright

23. DEPOSITORY INSTITUTION NAME

Webster Bank

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
1120 Main Street, Newington, CT 06111			

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.

Jeffrey A. Wright

CANDIDATE (SIGNATURE)

11/16/2009

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.

Michael Casasanta

TREASURER (SIGNATURE)

11/16/2009

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.

Robert Briggaman

DEPUTY TREASURER (SIGNATURE)

11/16/2009

DATE (mm/dd/yyyy)

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