

# 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 type="checkbox"/> <b>2b. Offices Include Statewide Office only</b> Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input checked="" type="checkbox"/> <b>2c. Offices Include General Assembly only</b> Including State Representative <input checked="" 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 Matthew		MI D	Last Ritter		Suffix
<b>4. CANDIDATE RESIDENCE ADDRESS</b>				<b>5. CANDIDATE MAILING ADDRESS (if different)</b>			
Street Address 65 Goodwin Cir				Address			
City Hartford		State CT	Zip Code 06105	City		State	Zip Code
<b>6. CANDIDATE TELEPHONE (Include Area Code)</b>				<b>7. CANDIDATE E-MAIL ADDRESS</b>			
( 860 ) 463 — 6772				mattritter308@gmail.com			
<b>8. PARTY AFFILIATION</b>					<b>9. NAME OF COMMITTEE</b>		
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other					Matt Ritter For State Rep.		
<b>10. COMMITTEE ADDRESS</b>							
Address 65 Goodwin Cir				City Hartford		State CT	Zip Code 06105
<b>11. COMMITTEE E-MAIL ADDRESS</b>				<b>12. COMMITTEE WEB SITE ADDRESS</b>			
mattritter308@gmail.com							
<b>13. TREASURER NAME</b>							
Prefix		First Sebastian		MI M	Last Lombardi		Suffix
<b>14. TREASURER RESIDENCE ADDRESS</b>				<b>15. TREASURER MAILING ADDRESS (if different)</b>			
Street Address 18 Sherman St				Address 18 Sherman St Apt C-6			
City Hartford		State CT	Zip Code 06105	City Hartford		State CT	Zip Code 06105
<b>16. TREASURER TELEPHONE (Include Area Code)</b>				<b>17. TREASURER E-MAIL ADDRESS</b>			
( 860 ) 992 — 9642				lombardi.sebastiano@gmail.com			
<b>18. DEPUTY TREASURER NAME</b>							
Prefix		First Kaitlin		MI	Last Halloran		Suffix
<b>19. DEPUTY TREASURER RESIDENCE ADDRESS</b>				<b>20. DEPUTY TREASURER MAILING ADDRESS (if different)</b>			
Street Address 779 Prospect Ave				Address			
City West Hartford		State CT	Zip Code 06105	City		State	Zip Code
<b>21. DEPUTY TREASURER TELEPHONE</b>				<b>22. DEPUTY TREASURER E-MAIL ADDRESS</b>			
( 860 ) 888 — 2439				kaitlin.halloran@gmail.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

Matthew D Ritter

### 23. DEPOSITORY INSTITUTION NAME

Bank of America

### 24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
185 Asylum Street, Hartford, CTt 06103			

### 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.

Matthew D Ritter

CANDIDATE (SIGNATURE)

02/03/2010

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.

Sebastian M Lombardi

TREASURER (SIGNATURE)

02/08/2010

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.

Kaitlin Halloran

DEPUTY TREASURER (SIGNATURE)

02/03/2010

DATE (mm/dd/yyyy)

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