

**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

<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 type="checkbox"/> Yes <input checked="" 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 Andrew	MI W.	Last Roraback	Suffix			
<b>4. CANDIDATE RESIDENCE ADDRESS</b>				<b>5. CANDIDATE MAILING ADDRESS (if different)</b>			
Street Address 455 Milton Rd				Address PO Box 357			
City Goshen	State CT	Zip Code 06756	City Goshen	State CT	Zip Code 06756		
<b>6. CANDIDATE TELEPHONE (Include Area Code)</b>			<b>7. CANDIDATE E-MAIL ADDRESS</b>				
( 860 ) 491 — 8617			AWR@rorabacklaw.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				Roraback 2010			
<b>10. COMMITTEE ADDRESS</b>							
Address 32 Sheldon Ln				City Litchfield	State CT	Zip Code 06759	
<b>11. COMMITTEE E-MAIL ADDRESS</b>				<b>12. COMMITTEE WEB SITE ADDRESS</b>			
<b>13. TREASURER NAME</b>							
Prefix	First Jaime	MI J.	Last Makuc	Suffix			
<b>14. TREASURER RESIDENCE ADDRESS</b>				<b>15. TREASURER MAILING ADDRESS (if different)</b>			
Street Address 32 Sheldon Ln				Address			
City Litchfield	State CT	Zip Code 06759	City	State	Zip Code		
<b>16. TREASURER TELEPHONE (Include Area Code)</b>			<b>17. TREASURER E-MAIL ADDRESS</b>				
( 860 ) 916 — 1006			Berger1676@yahoo.com				
<b>18. DEPUTY TREASURER NAME</b>							
Prefix	First Peggy	MI	Last Deschenes	Suffix			
<b>19. DEPUTY TREASURER RESIDENCE ADDRESS</b>				<b>20. DEPUTY TREASURER MAILING ADDRESS (if different)</b>			
Street Address 11 Parkview Dr				Address			
City Plantsville	State CT	Zip Code 06479	City	State	Zip Code		
<b>21. DEPUTY TREASURER TELEPHONE</b>			<b>22. DEPUTY TREASURER E-MAIL ADDRESS</b>				
( 860 ) 839 — 4467			peggy.deschenes@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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Andrew W. Roraback

**23. DEPOSITORY INSTITUTION NAME**

Torrington Savings Bank

**24. DEPOSITORY INSTITUTION ADDRESS**

Address	City	State	Zip Code
129 Main Street, Torrington, CT 06790			

**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.

Andrew W. Roraback

02/25/2010

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.

Jaime J. Makuc

02/25/2010

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.

Peggy Deschenes

02/26/2010

DEPUTY TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

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