

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
-
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- 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 type="checkbox"/> 2b. Offices Include Statewide Office only Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input checked="" type="checkbox"/> 2c. Offices Include General Assembly only Including State Representative <input checked="" 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 Roberta	MI B.	Last Willis	Suffix			
4. CANDIDATE RESIDENCE ADDRESS				5. CANDIDATE MAILING ADDRESS (if different)			
Street Address 30 Upland Meadow Rd				Address PO Box 1733			
City Salisbury	State CT	Zip Code 06039	City Lakeville	State CT	Zip Code 06039		
6. CANDIDATE TELEPHONE (Include Area Code)			7. CANDIDATE E-MAIL ADDRESS				
(860) 435 — 0621			roberta.bill.willis@snet.net				
8. PARTY AFFILIATION				9. NAME OF COMMITTEE			
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other				Friends Of Roberta 2010			
10. COMMITTEE ADDRESS							
Address PO Box 1733				City Lakeville	State CT	Zip Code 06039	
11. COMMITTEE E-MAIL ADDRESS				12. COMMITTEE WEB SITE ADDRESS			
13. TREASURER NAME							
Prefix	First Kenneth	MI	Last Edwards	Suffix			
14. TREASURER RESIDENCE ADDRESS				15. TREASURER MAILING ADDRESS (if different)			
Street Address 17 Qual Run				Address 17 Quail Run			
City Torrington	State CT	Zip Code	City Torrington	State CT	Zip Code 06790		
16. TREASURER TELEPHONE (Include Area Code)			17. TREASURER E-MAIL ADDRESS				
(860) 307 — 1601			kenedwards@optonline.net				
18. DEPUTY TREASURER NAME							
Prefix	First Carole	MI	Last Dmytryshak	Suffix			
19. DEPUTY TREASURER RESIDENCE ADDRESS				20. DEPUTY TREASURER MAILING ADDRESS (if different)			
Street Address 188 Under Mountain Rd				Address			
City Salisbury	State CT	Zip Code 06068	City	State	Zip Code		
21. DEPUTY TREASURER TELEPHONE			22. DEPUTY TREASURER E-MAIL ADDRESS				
(860) 435 — 0517			dmytryshak@comcast.net				

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

Roberta B. Willis

23. DEPOSITORY INSTITUTION NAME

First National Bank of Litchfield

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
Torrington 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.

Roberta B. Willis _____ 03/11/2010
 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.

Kenneth Edwards _____ 03/11/2010
 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.

Carole Dmytryshak _____ 03/10/2010
 DEPUTY TREASURER (SIGNATURE) DATE (mm/dd/yyyy)

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