

SEEC FORM 4

EXPLORATORY COMMITTEE REGISTRATION CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

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REGISTRATION TYPE

- INITIAL
 AMENDED

| | | | | | |
|---|---|-------------------|--|---|-------------------|
| 1. ELECTION DATE | 2. SUBTYPE OF EXPLORATORY COMMITTEE OFFICE BEING CONSIDERED (Check one below) | | | | |
| (mm/dd/yyyy) Nov 2010 | <input checked="" type="checkbox"/> 2a. Offices Include Statewide Office & General Assembly 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"/> 2b. Offices Include Statewide Office only Including State Treasurer <input type="checkbox"/> Yes <input 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 Stewart | MI | Last Beckett | Suffix III | |
| 4. CANDIDATE RESIDENCE ADDRESS | | | 5. CANDIDATE MAILING ADDRESS (if different) | | |
| Street Address 92 Stancliff Rd | | | Address | | |
| City Glastonbury | State CT | Zip Code 06033 | City | State | Zip Code |
| 6. CANDIDATE TELEPHONE (Include Area Code) | | | 7. CANDIDATE E-MAIL ADDRESS | | |
| (860) 659 — 0848 | | | chip.beckett@beckettvet.net | | |
| 8. PARTY AFFILIATION | | | 9. NAME OF COMMITTEE | | |
| <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other | | | Beckett For Senate | | |
| 10. COMMITTEE ADDRESS | | | | | |
| Address PO Box 542 | | | City South Glastonbury | State CT | Zip Code 06073 |
| 11. COMMITTEE E-MAIL ADDRESS | | | 12. COMMITTEE WEB SITE ADDRESS | | |
| chip@beckettforsenate.com | | | www.beckettforsenate.com | | |
| 13. TREASURER NAME | | | | | |
| Prefix | First Robert | MI | Last Lynn | Suffix | |
| 14. TREASURER RESIDENCE ADDRESS | | | 15. TREASURER MAILING ADDRESS (if different) | | |
| Street Address 115 Founders Rd | | | Address | | |
| City Glastonbury | State CT | Zip Code 06033 | City | State | Zip Code |
| 16. TREASURER TELEPHONE (Include Area Code) | | | 17. TREASURER E-MAIL ADDRESS | | |
| () — | | | | | |
| 18. DEPUTY TREASURER NAME | | | | | |
| Prefix | First | MI | Last | Suffix | |
| 19. DEPUTY TREASURER RESIDENCE ADDRESS | | | 20. DEPUTY TREASURER MAILING ADDRESS (if different) | | |
| Street Address | | | Address | | |
| City | State | Zip Code | City | State | Zip Code |
| 21. DEPUTY TREASURER TELEPHONE | | | 22. DEPUTY TREASURER E-MAIL ADDRESS | | |
| () — | | | | | |

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

Stewart Beckett

23. DEPOSITORY INSTITUTION NAME

Rockville bank

24. DEPOSITORY INSTITUTION ADDRESS

| Address | City | State | Zip Code |
|--|------|-------|----------|
| 902 Main Street, So. Glastonbury, CT 06073 | | | |

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.

Stewart Beckett
CANDIDATE (SIGNATURE) 04/05/2010
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.

Robert Lynn
TREASURER (SIGNATURE) 04/08/2010
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.

DEPUTY TREASURER (SIGNATURE) DATE (mm/dd/yyyy)

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