

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

1. ELECTION DATE		2. SUBTYPE OF EXPLORATORY COMMITTEE OFFICE BEING CONSIDERED (Check one below)			
(mm/dd/yyyy)		☐ 2a. Offices Include Statewide Office & General Assembly Including State Representative ☐ Yes ☐ No Including State Treasurer ☐ Yes ☐ No		☐ 2b. Offices Include Statewide Office only Including State Treasurer ☐ Yes ☐ No	
Nov 2012		☒ 2c. Offices Include General Assembly only Including State Representative ☒ Yes ☐ No		☐ 2d. Municipal & Other Offices Excluding those in Box 2a, 2b and 2c ☐ Yes ☐ No	
3. CANDIDATE NAME					
Prefix		First Malvvamel		MI G	Last Lennon
				Suffix	
4. CANDIDATE RESIDENCE ADDRESS			5. CANDIDATE MAILING ADDRESS (if different)		
Street Address 151 Pierce Blvd			Address		
City Windsor		State CT	Zip Code 06095	City	State Zip Code
6. CANDIDATE TELEPHONE (Include Area Code)			7. CANDIDATE E-MAIL ADDRESS		
(860) 219 — 0053			malvi.lennon@sbcglobal.net		
8. PARTY AFFILIATION			9. NAME OF COMMITTEE		
☒ Republican ☐ Democratic ☐ Other			Malvi Lennon		
10. COMMITTEE ADDRESS					
Address 151 Pierce Blvd			City Windsor	State CT	Zip Code 06095
11. COMMITTEE E-MAIL ADDRESS			12. COMMITTEE WEB SITE ADDRESS		
malvi.lennon@sbcglobal.net					
13. TREASURER NAME					
Prefix		First Katheryn		MI E	Last Brown
				Suffix	
14. TREASURER RESIDENCE ADDRESS			15. TREASURER MAILING ADDRESS (if different)		
Street Address 14 Fatima Dr			Address 403 Bethany Rd		
City Bethany		State CT	Zip Code 06524	City Beacon Falls	State CT Zip Code 06403
16. TREASURER TELEPHONE (Include Area Code)			17. TREASURER E-MAIL ADDRESS		
(203) 668 — 2003			katherynebrown@gmail.com		
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		
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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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Malvvamel G Lennon

23. DEPOSITORY INSTITUTION NAME

Peoples Bank

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
850 Main Street, Bridgeport, Ct 06604			

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.

Malvvamel G Lennon

06/11/2011

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.

Katheryn E Brown

06/11/2011

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.

DEPUTY TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

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