SEEC FORM 4

EXPLORATORY COMMITTEE REGISTRATION

CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

Do Not Mark in This Space For Official Use Only

REGISTRATION TYPE

☑ INITIAL

☐ AMENDED

1. ELECTION DATE (mm/dd/yyyy)

Nov 2012

2. SUBTYPE OF EXPLORATORY COMMITTEE OFFICE BEING CONSIDERED (Check one below)

☐ **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

☑ **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	MI	Last	Suffix
	Andrew	W	Lavery	

4. CANDIDATE RESIDENCE ADDRESS

Street Address: 21 Poquonnock Rd

City	State	Zip Code
Groton	CT	06340

5. CANDIDATE MAILING ADDRESS *(if different)*

Address:

City	State	Zip Code

6. CANDIDATE TELEPHONE *(Include Area Code)*

(860) 287 — 2462

7. CANDIDATE E-MAIL ADDRESS

awlavery@yahoo.com

8. PARTY AFFILIATION

☑ Republican ☐ Democratic ☐ Other

9. NAME OF COMMITTEE

Lavery Exploratory Committee

10. COMMITTEE ADDRESS

Address	City	State	Zip Code
210 Poquonnock Rd	Groton	CT	06340

11. COMMITTEE E-MAIL ADDRESS

awlavery@yahoo.com

12. COMMITTEE WEB SITE ADDRESS

laveryforct.com

13. TREASURER NAME

Prefix	First	MI	Last	Suffix
	Helene	D	Brown	

14. TREASURER RESIDENCE ADDRESS

Street Address: 210 Poquonnock Rd

City	State	Zip Code
Groton	CT	06340

15. TREASURER MAILING ADDRESS *(if different)*

Address:

City	State	Zip Code

16. TREASURER TELEPHONE *(Include Area Code)*

(410) 905 — 8690

17. TREASURER E-MAIL ADDRESS

Helene_Brown81@yahoo.com

18. DEPUTY TREASURER NAME

Prefix	First	MI	Last	Suffix

19. DEPUTY TREASURER RESIDENCE ADDRESS

Street Address:

City	State	Zip Code

20. DEPUTY TREASURER MAILING ADDRESS *(if different)*

Address:

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.

SEEC FORM 4

EXPLORATORY COMMITTEE REGISTRATION

CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

Do Not Mark in This Space For Official Use Only

CANDIDATE NAME

Andrew W Lavery

23. DEPOSITORY INSTITUTION NAME

Chelsea Groton Bank

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
904 Poquonnock Road, Groton, CT 06340			

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 Lavery
CANDIDATE (SIGNATURE)

01/11/2012
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.

Helene D Brown
TREASURER (SIGNATURE)

01/11/2012
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)

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.