

SEEC FORM 4**EXPLORATORY COMMITTEE REGISTRATION**
CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

Page 1 of 2

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) Nov 2012		☐ 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 Melissa		MI H	Last Ziobron		Suffix
4. CANDIDATE RESIDENCE ADDRESS				5. CANDIDATE MAILING ADDRESS (if different)			
Street Address 181 Petticoat Ln				Address			
City East Haddam		State CT	Zip Code 06423		City		State Zip Code
6. CANDIDATE TELEPHONE (Include Area Code)				7. CANDIDATE E-MAIL ADDRESS			
(860) 873 — 1153				mziobron101@gmail.com			
8. PARTY AFFILIATION				9. NAME OF COMMITTEE			
☒ Republican ☐ Democratic ☐ Other				Ziobron 2012			
10. COMMITTEE ADDRESS							
Address 70 Tartia Rd				City East Hampton		State CT	Zip Code 06424
11. COMMITTEE E-MAIL ADDRESS				12. COMMITTEE WEB SITE ADDRESS			
mziobron101@gmail.com							
13. TREASURER NAME							
Prefix Mrs		First Denise		MI L	Last Dill		Suffix
14. TREASURER RESIDENCE ADDRESS				15. TREASURER MAILING ADDRESS (if different)			
Street Address 166 Beebe Rd				Address			
City East Haddam		State CT	Zip Code 06423-1010		City		State Zip Code
16. TREASURER TELEPHONE (Include Area Code)				17. TREASURER E-MAIL ADDRESS			
(860) 873 — 3457				dldill3@aol.com			
18. DEPUTY TREASURER NAME							
Prefix Mrs		First Margaret		MI W	Last Jacobson		Suffix
19. DEPUTY TREASURER RESIDENCE ADDRESS				20. DEPUTY TREASURER MAILING ADDRESS (if different)			
Street Address 70 Tartia Rd				Address			
City East Hampton		State CT	Zip Code 06424		City		State Zip Code
21. DEPUTY TREASURER TELEPHONE				22. DEPUTY TREASURER E-MAIL ADDRESS			
(860) 267 — 9936				Margaret.jacobson42@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.

SEEC FORM 4**EXPLORATORY COMMITTEE REGISTRATION
CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION**

Rev. 3/07

Page 2 of 2

Do Not Mark in This Space For
Official Use Only**CANDIDATE NAME**

Melissa H Ziobron

23. DEPOSITORY INSTITUTION NAME

Liberty Bank

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
W F Palmer Rd. Moodus, CT 06469			

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.

Melissa H Ziobron

01/31/2012

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.

Denise L Dill

01/31/2012

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.

Margaret W Jacobson

01/29/2012

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.