

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)		☐ 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	Andres	MI	Last	Ayala
Suffix			Jr		
4. CANDIDATE RESIDENCE ADDRESS			5. CANDIDATE MAILING ADDRESS (if different)		
Street Address 162 Orchard St			Address PO Box 55106		
City Bridgeport	State CT	Zip Code 06608	City Bridgeport	State CT	Zip Code 06610
6. CANDIDATE TELEPHONE (Include Area Code)			7. CANDIDATE E-MAIL ADDRESS		
(203) 339 — 0779			councilmanayala@yahoo.com		
8. PARTY AFFILIATION			9. NAME OF COMMITTEE		
☐ Republican ☒ Democratic ☐ Other			Ayala 2012		
10. COMMITTEE ADDRESS					
Address PO Box 55106			City Bridgeport	State CT	Zip Code 06610
11. COMMITTEE E-MAIL ADDRESS			12. COMMITTEE WEB SITE ADDRESS		
13. TREASURER NAME					
Prefix	First	Pilar	MI	Last	Gonzalez
Suffix					
14. TREASURER RESIDENCE ADDRESS			15. TREASURER MAILING ADDRESS (if different)		
Street Address 75 Laurel Pl			Address		
City Bridgeport	State CT	Zip Code 06604	City	State	Zip Code
16. TREASURER TELEPHONE (Include Area Code)			17. TREASURER E-MAIL ADDRESS		
(203) 545 — 6335			pilyproof@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		
() —					

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

Andres Ayala

23. DEPOSITORY INSTITUTION NAME

Bank of America

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
48 Wall Street, Norwalk, Ct 06850			

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.

Andres Ayala

CANDIDATE (SIGNATURE)

02/09/2012

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.

Pilar Gonzalez

TREASURER (SIGNATURE)

02/09/2012

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.