

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 David		MI J	Last Alexander		Suffix
4. CANDIDATE RESIDENCE ADDRESS				5. CANDIDATE MAILING ADDRESS (if different)			
Street Address 277 Pearl St				Address			
City Enfield		State CT	Zip Code 06082		City		State Zip Code
6. CANDIDATE TELEPHONE (Include Area Code)				7. CANDIDATE E-MAIL ADDRESS			
(860) 874 — 2036				dalexander99@gmail.com			
8. PARTY AFFILIATION				9. NAME OF COMMITTEE			
☐ Republican ☒ Democratic ☐ Other				David J. Alexander			
10. COMMITTEE ADDRESS							
Address 277 Pearl St				City Enfield		State CT	Zip Code 06082
11. COMMITTEE E-MAIL ADDRESS				12. COMMITTEE WEB SITE ADDRESS			
dalexander99@gmail.com							
13. TREASURER NAME							
Prefix		First Debbie		MI C	Last Albrecht		Suffix
14. TREASURER RESIDENCE ADDRESS				15. TREASURER MAILING ADDRESS (if different)			
Street Address 57 Trolley Crossing Ln				Address			
City Middletown		State CT	Zip Code 06457		City		State Zip Code
16. TREASURER TELEPHONE (Include Area Code)				17. TREASURER E-MAIL ADDRESS			
(860) 798 — 3033				debbie.albrecht@comcast.net			
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**

David J Alexander

23. DEPOSITORY INSTITUTION NAME

Webster Bank

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
185 Asylum Street, Hartford, CT 06103			

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.

David J Alexander

03/19/2012

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.

Debbie C Albrecht

03/19/2012

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.

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.