

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 2014		☐ 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 Mr		First Timothy		MI	Last Herbst		Suffix
4. CANDIDATE RESIDENCE ADDRESS				5. CANDIDATE MAILING ADDRESS (if different)			
Street Address 97 Fairview Ave				Address			
City Trumbull		State CT	Zip Code 06611		City		State Zip Code
6. CANDIDATE TELEPHONE (Include Area Code)				7. CANDIDATE E-MAIL ADDRESS			
(203) 581 — 1834				Timothy.Herbst@gmail.com			
8. PARTY AFFILIATION					9. NAME OF COMMITTEE		
☒ Republican ☐ Democratic ☐ Other					Tim For Connecticut		
10. COMMITTEE ADDRESS							
Address 26 Dale Rd				City Trumbull		State CT	Zip Code 06611
11. COMMITTEE E-MAIL ADDRESS				12. COMMITTEE WEB SITE ADDRESS			
13. TREASURER NAME							
Prefix		First Loretta		MI	Last Chory		Suffix
14. TREASURER RESIDENCE ADDRESS				15. TREASURER MAILING ADDRESS (if different)			
Street Address 26 Dale Rd				Address			
City Trumbull		State CT	Zip Code 06611		City		State Zip Code
16. TREASURER TELEPHONE (Include Area Code)				17. TREASURER E-MAIL ADDRESS			
(203) 258 — 0510				Jafraloretta@aol.com			
18. DEPUTY TREASURER NAME							
Prefix Mr		First Paul		MI	Last Lavoie		Suffix
19. DEPUTY TREASURER RESIDENCE ADDRESS				20. DEPUTY TREASURER MAILING ADDRESS (if different)			
Street Address 117 Meadowview Dr				Address			
City Trumbull		State CT	Zip Code 06611		City		State Zip Code
21. DEPUTY TREASURER TELEPHONE				22. DEPUTY TREASURER E-MAIL ADDRESS			
(203) 314 — 3075				Paulslavoie@gmail.com			

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**

Timothy Herbst

23. DEPOSITORY INSTITUTION NAME

People's United 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.

Timothy Herbst

CANDIDATE (SIGNATURE)

01/03/2014

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.

Loretta Chory

TREASURER (SIGNATURE)

01/03/2014

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.

Paul Lavoie

DEPUTY TREASURER (SIGNATURE)

01/03/2014

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.