

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

Rev. 3/07

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- ☐ 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 2014		☒ 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	
	Emily		Bjornberg		
4. CANDIDATE RESIDENCE ADDRESS			5. CANDIDATE MAILING ADDRESS (if different)		
Street Address			Address		
59 Brush Hill Rd					
City	State	Zip Code	City	State	Zip Code
Lyme	CT	06371			
6. CANDIDATE TELEPHONE (Include Area Code)			7. CANDIDATE E-MAIL ADDRESS		
(860) 598 — 9263			ejbjornberg@yahoo.com		
8. PARTY AFFILIATION			9. NAME OF COMMITTEE		
☐ Republican ☒ Democratic ☐ Other			Emily4ct*		
10. COMMITTEE ADDRESS					
Address			City	State	Zip Code
PO Box 334			Old Saybrook	CT	06475
11. COMMITTEE E-MAIL ADDRESS			12. COMMITTEE WEB SITE ADDRESS		
emily4ct@gmail.com			www.emily4ct.com		
13. TREASURER NAME					
Prefix	First	MI	Last	Suffix	
	Wendy		Gesick		
14. TREASURER RESIDENCE ADDRESS			15. TREASURER MAILING ADDRESS (if different)		
Street Address			Address		
13 Barley Hill Rd					
City	State	Zip Code	City	State	Zip Code
Old Saybrook	CT	06475			
16. TREASURER TELEPHONE (Include Area Code)			17. TREASURER E-MAIL ADDRESS		
(860) 388 — 0474			wendygesick@yahoo.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.

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CANDIDATE NAME

Emily Bjornberg

23. DEPOSITORY INSTITUTION NAME

Liberty Bank

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
90 Main Street, Old Saybrook, CT 06475			

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.

Emily Bjornberg
CANDIDATE (SIGNATURE)

03/04/2014
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.

Wendy Gesick
TREASURER (SIGNATURE)

03/07/2014
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.

DEPUTY TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

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