# SEEC FORM 4

**EXPLORATORY COMMITTEE REGISTRATION**

**CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION**

**Rev. 3/07**



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)<br>Nov 2014 | ☐ **2a. Offices Include Statewide Office & General Assembly**<br>Including State Representative ☐ Yes ☐ No<br>Including State Treasurer ☐ Yes ☐ No | ☐ **2b. Offices Include Statewide Office only**<br>Including State Treasurer ☐ Yes ☐ No |
| | ☑ **2c. Offices Include General Assembly only**<br>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 | D. | Wilson | |

| 4. CANDIDATE RESIDENCE ADDRESS | | | 5. CANDIDATE MAILING ADDRESS *(if different)* | | |
|---|---|---|---|---|---|
| Street Address: 41 1/2 Soundview Ave | | | Address: | | |
| City: Norwalk | State: CT | Zip Code: 06854 | City: | State: | Zip Code: |

| 6. CANDIDATE TELEPHONE *(Include Area Code)* | 7. CANDIDATE E-MAIL ADDRESS |
|---|---|
| ( 203 ) 554 — 4001 | lykeson@yahoo.com |

| 8. PARTY AFFILIATION | 9. NAME OF COMMITTEE |
|---|---|
| ☑ Republican ☐ Democratic ☐ Other | Emily Wilson For State Representative* |

**10. COMMITTEE ADDRESS**

| Address | City | State | Zip Code |
|---|---|---|---|
| 5 Kristen Ln | Norwalk | CT | 06851 |

| 11. COMMITTEE E-MAIL ADDRESS | 12. COMMITTEE WEB SITE ADDRESS |
|---|---|
| | |

**13. TREASURER NAME**

| Prefix | First | MI | Last | Suffix |
|---|---|---|---|---|
| | Linda | | Kruk | |

| 14. TREASURER RESIDENCE ADDRESS | | | 15. TREASURER MAILING ADDRESS *(if different)* | | |
|---|---|---|---|---|---|
| Street Address: 5 Kristen Ln | | | Address: | | |
| City: Norwalk | State: CT | Zip Code: 06851 | City: | State: | Zip Code: |

| 16. TREASURER TELEPHONE *(Include Area Code)* | 17. TREASURER E-MAIL ADDRESS |
|---|---|
| ( 203 ) 846 — 8181 | lskruk@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.***

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**CANDIDATE NAME**

Emily D. Wilson

**23. DEPOSITORY INSTITUTION NAME**

TD Bank

**24. DEPOSITORY INSTITUTION ADDRESS**

| Address | City | State | Zip Code |
|---|---|---|---|
| 437 Westport Avenue, Norwalk, CT 06851 | | | |

**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 D. Wilson — CANDIDATE (SIGNATURE)

04/03/2014 — 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.

Linda Kruk — TREASURER (SIGNATURE)

04/03/2014 — 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.

DEPUTY TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

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