

SEEC FORM 4

EXPLORATORY COMMITTEE REGISTRATION

CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

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REGISTRATION TYPE

- INITIAL
 AMENDED

1. ELECTION DATE		2. SUBTYPE OF EXPLORATORY COMMITTEE OFFICE BEING CONSIDERED (Check one below)					
(mm/dd/yyyy) Nov 2014		<input checked="" type="checkbox"/> 2a. Offices Include Statewide Office & General Assembly Including State Representative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Including State Treasurer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> 2b. Offices Include Statewide Office only Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> 2c. Offices Include General Assembly only Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 2d. Municipal & Other Offices Excluding those in Box 2a, 2b and 2c <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. CANDIDATE NAME							
Prefix Mr	First Dennis	MI A	Last Bradley	Suffix			
4. CANDIDATE RESIDENCE ADDRESS				5. CANDIDATE MAILING ADDRESS (if different)			
Street Address 76 Randall Ave				Address			
City Bridgeport		State CT	Zip Code 06605	City		State	Zip Code
6. CANDIDATE TELEPHONE (Include Area Code)				7. CANDIDATE E-MAIL ADDRESS			
(203) 212 — 3617				bradley-dennis@hotmail.com			
8. PARTY AFFILIATION				9. NAME OF COMMITTEE			
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other				Bigger, Brighter, Bradley For Bridgeport "We Can Do Better"			
10. COMMITTEE ADDRESS							
Address 944 Fairfield Ave Rear				City Bridgeport		State CT	Zip Code 06605
11. COMMITTEE E-MAIL ADDRESS				12. COMMITTEE WEB SITE ADDRESS			
13. TREASURER NAME							
Prefix Mrs	First Wanda	MI	Last Geter-Pataky	Suffix			
14. TREASURER RESIDENCE ADDRESS				15. TREASURER MAILING ADDRESS (if different)			
Street Address 93 Gurdon St				Address			
City Bridgeport		State CT	Zip Code 06606	City		State	Zip Code
16. TREASURER TELEPHONE (Include Area Code)				17. TREASURER E-MAIL ADDRESS			
(203) 258 — 1431							
18. DEPUTY TREASURER NAME							
Prefix	First Roland	MI	Last West	Suffix			
19. DEPUTY TREASURER RESIDENCE ADDRESS				20. DEPUTY TREASURER MAILING ADDRESS (if different)			
Street Address 2282 Barnum Ave				Address			
City Stratford		State CT	Zip Code 06615	City		State	Zip Code
21. DEPUTY TREASURER TELEPHONE				22. DEPUTY TREASURER E-MAIL ADDRESS			
(203) 386 — 9300				rwest@ledgercare.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.

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CANDIDATE NAME

Dennis A Bradley

23. DEPOSITORY INSTITUTION NAME

People's 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.

Dennis A Bradley

CANDIDATE (SIGNATURE)

03/13/2014

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.

Wanda Geter-Pataky

TREASURER (SIGNATURE)

03/13/2014

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.

Roland West

DEPUTY TREASURER (SIGNATURE)

03/19/2014

DATE (mm/dd/yyyy)

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