

# SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

## Exploratory Committee Registration

Revised September 2016



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12/24/2019 11:11 AM

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REGISTRATION TYPE		1. COMMITTEE NAME			
<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	Perry 2020			
2. SUBTYPE OF EXPLORATORY COMMITTEE (Office(s) being considered—Check one box)					
<input type="checkbox"/> <b>A. Offices Include Statewide Office &amp; General Assembly</b>					
			Including State Representative	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Including State Treasurer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> <b>B. Offices Include Statewide Offices Only</b>					
			Including State Treasurer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> <b>C. Offices Include General Assembly Only</b>					
			Including State Representative	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> <b>D. Municipal &amp; Other Offices excluding those in Box A, B and C.</b> _____ <small>(Name of municipality—if applicable)</small>					
3. PARTY AFFILIATION				4. ELECTION DATE (mm/dd/yyyy)	
<input type="checkbox"/> Republican	<input checked="" type="checkbox"/> Democrat	<input type="checkbox"/> Other (Specify) _____	Nov 2020		
5. COMMITTEE ADDRESS			6. COMMITTEE EMAIL & WEBSITE		
Address 153 Moore Hill Dr			Email Address		
City Southington	State CT	Zip Code 06489	Website votejackperry.com		
7. CANDIDATE NAME					
First Name Jack		MI	Last Name Perry		Suffix
8. CANDIDATE RESIDENCE ADDRESS			9. CANDIDATE MAILING ADDRESS (If different)		
Street Address 153 Moore Hill Dr			Address		
City Southington	State CT	Zip Code 06489	City	State	Zip Code
10. CANDIDATE TELEPHONE			11. CANDIDATE EMAIL ADDRESS		
<small>(Include Area Code)</small> 860      406      1061			Candidate@VoteJackPerry.com		

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REGISTRATION TYPE		COMMITTEE NAME			
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		Perry 2020			
12. TREASURER NAME					
First Name		MI	Last Name		Suffix
Ralph		F	Holyst		
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
607 Tolland Stage Rd					
City	State	Zip Code	City	State	Zip Code
Tolland	CT	06084			
15. TREASURER TELEPHONE			16. TREASURER EMAIL ADDRESS		
<i>(Include Area Code)</i>					
413      205      8766			Ralph@HQDumpsters.com		
17. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
20. DEPUTY TREASURER TELEPHONE			21. DEPUTY TREASURER EMAIL ADDRESS		
<i>(Include Area Code)</i>					
22. DEPOSITORY INSTITUTION NAME					
TD Bank					
23. DEPOSITORY INSTITUTION ADDRESS					
Address					
121 Main Street, Southington, CT 06489					

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<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment	Perry 2020

**24. CERTIFICATION**

Candidate

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.

Jack Perry

12/23/2019

CANDIDATE SIGNATURE

DATE (mm/dd/yyyy)

Treasurer

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 certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.

Ralph F Holyst

12/23/2019

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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REGISTRATION TYPE	COMMITTEE NAME
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment	Perry 2020

## 24. CERTIFICATION *continued*

Deputy Treasurer

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 certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

\_\_\_\_\_  
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.***