

SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

Exploratory Committee Registration

Revised September 2016



Received by SEEC
06/12/2025 10:16 AM

REGISTRATION TYPE		1. COMMITTEE NAME			
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		LUMAJ4CT			
2. SUBTYPE OF EXPLORATORY COMMITTEE <i>(Office(s) being considered—Check one box)</i>					
<input type="checkbox"/> A. Offices Include Statewide Office & General Assembly Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input checked="" type="checkbox"/> B. Offices Include Statewide Offices Only Including State Treasurer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input type="checkbox"/> C. Offices Include General Assembly Only Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> D. Municipal & Other Offices excluding those in Box A, B and C. _____ <i>(Name of municipality—if applicable)</i>					
3. PARTY AFFILIATION				4. ELECTION DATE <i>(mm/dd/yyyy)</i>	
<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democrat <input type="checkbox"/> Other <i>(Specify)</i> _____				Nov 3, 2026	
5. COMMITTEE ADDRESS			6. COMMITTEE EMAIL & WEBSITE		
Address 4 Grove St Unit 23			Email Address		
City Moodus	State CT	Zip Code 06069	Website www.peterlumaj.com		
7. CANDIDATE NAME					
First Name Peter		MI	Last Name Lumaj		Suffix
8. CANDIDATE RESIDENCE ADDRESS			9. CANDIDATE MAILING ADDRESS <i>(If different)</i>		
Street Address 745 Mill Plain Rd			Address		
City Fairfield	State CT	Zip Code 06824	City	State	Zip Code
10. CANDIDATE TELEPHONE <i>(Include Area Code)</i>			11. CANDIDATE EMAIL ADDRESS		
347 992 7783			PETERLUMAJ@AOL.COM		

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REGISTRATION TYPE		COMMITTEE NAME			
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		LUMAJ4CT			
12. TREASURER NAME					
First Name		MI	Last Name		Suffix
Michele		P	Gregorio		
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
4 Grove St Unit 23					
City	State	Zip Code	City	State	Zip Code
Moodus	CT	06469			
15. TREASURER TELEPHONE			16. TREASURER EMAIL ADDRESS		
<i>(Include Area Code)</i>					
203 231 7274			michelepgregorio@gmail.com		
17. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
Thea		E	Alfes		
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
302 South Rd					
City	State	Zip Code	City	State	Zip Code
Harwinton	CT	06798			
20. DEPUTY TREASURER TELEPHONE			21. DEPUTY TREASURER EMAIL ADDRESS		
<i>(Include Area Code)</i>					
203 781 6303			tea4godncountry@gmail.com		
22. DEPOSITORY INSTITUTION NAME					
NBT BANK					
23. DEPOSITORY INSTITUTION ADDRESS					
Address					
2670 Main St GLastonbury, Ct. 06033					

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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.

Peter Lumaj

06/12/2025

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.

Michele P Gregorio

06/12/2025

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment	LUMAJ4CT

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.

Thea E Alfes

DEPUTY TREASURER SIGNATURE

06/12/2025

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.