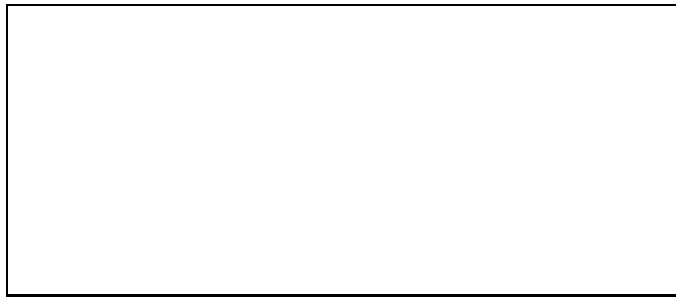


SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

Exploratory Committee Registration

Revised July 2016



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REGISTRATION TYPE		1. COMMITTEE NAME			
<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment				
2. SUBTYPE OF EXPLORATORY COMMITTEE (Office(s) being considered—Check one box)					
<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 type="checkbox"/> B. Offices Include Statewide Offices Only					
				Including State Treasurer	<input type="checkbox"/> Yes <input 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 (mm/dd/yyyy)	
<input type="checkbox"/> Republican <input type="checkbox"/> Democrat <input type="checkbox"/> Other (Specify) _____					
5. COMMITTEE ADDRESS			6. COMMITTEE EMAIL & WEBSITE		
Address			Email Address		
City		State	Zip Code	Website	
7. CANDIDATE NAME					
First Name		MI	Last Name		Suffix
8. CANDIDATE RESIDENCE ADDRESS			9. CANDIDATE MAILING ADDRESS (If different)		
Street Address			Address		
City		State	Zip Code	City	State Zip Code
10. CANDIDATE TELEPHONE			11. CANDIDATE EMAIL ADDRESS		
(Include Area Code)					

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REGISTRATION TYPE		COMMITTEE NAME			
<input type="checkbox"/> Initial <input type="checkbox"/> Amendment					
12. TREASURER NAME					
First Name		MI	Last Name		Suffix
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
15. TREASURER TELEPHONE		16. TREASURER EMAIL ADDRESS			
<i>(Include Area Code)</i>					
17. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS (If different)		
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					
23. DEPOSITORY INSTITUTION ADDRESS					
Address			City	State	Zip Code

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

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.