



CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

INSTRUCTIONS FOR SEEC FORM 4 EXPLORATORY COMMITTEE REGISTRATION

Revised January 2016

For use by
Candidates considering a run for the office of
Governor, Lieutenant Governor,
Secretary of the State, State Treasurer, Comptroller,
Attorney General, Judge of Probate, State Senator or
State Representative or
an elective office in a municipal election

SEEC MAILING ADDRESS:

STATE ELECTIONS ENFORCEMENT COMMISSION
20 TRINITY STREET
HARTFORD, CONNECTICUT 06106-1628
ATTN: CAMPAIGN FINANCE DISCLOSURE UNIT—3RD FLOOR

SEEC TELEPHONE NUMBER:

MAIN NUMBER: 860-256-2940
TOLL FREE WITHIN CT: 866-SEEC-INFO
SEEC WEBSITE ADDRESS: www.ct.gov/seec

eCRIS enables campaign treasurers to electronically submit required committee registration information and campaign finance statements.

See the Commission website www.ct.gov/seec for more information.

SEEC FORM 4 INSTRUCTIONS

Exploratory Committee Registration
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2016



GENERAL INSTRUCTIONS

- Type or print clearly all information in black or blue pen. **Please do not use pencil.**
- SEEC staff is available to answer legal compliance questions and advise on how to complete this form (860-256-2940).
- If any information on the SEEC Form 4 changes, the candidate must file an **amended** SEEC Form 4 within **10 days** of the date of the change.

WHO FILES THIS FORM

An exploratory committee is a committee formed by a candidate for a single primary or election to determine whether to seek nomination or election, and/or where the candidate has not yet determined which particular public office to seek, yet desires to raise and spend funds to “test the waters.” An exploratory committee may only be established for an office or offices to be elected at the same election. The sole purpose of such committee is to decide whether to seek office in a particular election.

If a candidate has already **determined which office** he would like to seek, then he would **NOT** form an exploratory committee, but instead a candidate committee (using SEEC Form 1 and 1A) or an exemption from forming a candidate committee (SEEC Form 1 and 1B). *For more information, please see the SEEC Form 1 instructions.*

No candidate may form more than one exploratory committee in connection with the same election, nor can a candidate maintain an exploratory committee and a candidate committee at the same time for the same election.

WHERE TO FILE THIS FORM

With the State Elections Enforcement Commission ONLY (State Elections Enforcement Commission, Campaign Finance Disclosure Unit — 3rd Floor, 20 Trinity St., Hartford, CT 06106):

- Candidates considering a run for the office of Governor, Lieutenant Governor, Secretary of the State, State Treasurer, Comptroller, Attorney General, Judge of Probate, State Senator and/or State Representative

With the Town Clerk ONLY:

- Candidates considering a run for an elective office in a municipal election

LATE FILING PENALTY

A late filing penalty of \$100 is charged for exploratory registration statements filed late **for any reason**. The fee is the personal liability of the candidate and cannot be paid from committee funds. In addition, if a late registration statement is not filed within 21 days after notification of a missed filing date, the candidate is liable for a minimum penalty of \$200, and may be liable for a fine of not more than \$2,000 or imprisonment for not more than one year or both.

SEEC FORM 4 INSTRUCTIONS

Registration Type: Check the type of filing that the current document refers to, either *Initial* or *Amendment*. Check **Initial** if this is the first exploratory committee registration statement of the candidate for the election indicated on Line 7. Check **Amendment** if changes are being made by the candidate to information on a previously filed registration statement. **Whenever any information on the SEEC Form 4 changes, the amendment must be filed within 10 days of the date of the change.**

1. **Committee Name:** Provide the full name of the committee. *This will be the registered name with the filing repository and used on all financial disclosure statements, advertising, etc.*

2. **Subtype of Exploratory Committee (Office Being Considered):** Please indicate which offices the candidate is considering in the same election. *Check one box only.* For candidates checking boxes 2a through 2c, note that special contribution prohibitions apply to principals of state contractors and prospective state contractors and reduced contribution limits apply to communicator lobbyists and their immediate families.

A. Offices Include Statewide Office & General Assembly: Check this box if candidate is considering running for one or more of the following elective offices in the same election: Governor, Lieutenant Governor, Secretary of the State, Treasurer, Comptroller, Attorney General, State Senator or State Representative. In addition, the candidate must indicate, by checking **Yes** or **No**, if State Treasurer or State Representative is one of the offices the candidate is considering. *If checking Yes to State Treasurer, note that special donor restrictions apply to principals of investment services firms. If checking Yes to State Representative, note that lower individual contribution limits apply.*

B. Offices Include Statewide Offices Only: Check this box if candidate is only considering running for one or more of the following elective offices in the same election: Governor, Lieutenant Governor, Secretary of the State, Treasurer, Comptroller or Attorney General. In addition, the candidate must indicate, by checking **Yes** or **No**, if State Treasurer is one of the offices the candidate is considering. *If checking Yes to State Treasurer box, note that special donor restrictions apply to principals of investment services firms.*

C. Offices Include General Assembly Only: Check this box if candidate is only considering running for General Assembly office. In addition, the candidate must indicate, by checking **Yes** or **No**, if State Representative is one of the General Assembly offices candidate is considering. *If checking Yes to State Representative, note that lower individual contribution limits apply.*

D. Municipal & Other Offices excluding those in A, B and C: Check this box if candidate has *not* checked boxes A, B or C and is considering running for one or more municipal offices in the same municipal election or for the office of Judge of Probate or Registrar of Voters in a state election year.

3. **Party Affiliation:** Check the appropriate box to indicate the candidate's political party affiliation. If the candidate checks "Other," indicate the name of the other party affiliation (Name of a Minor Party, Petitioning or None). The term "None" signifies that the candidate has not affiliated with a party or party designation on a nominating petition.

4. **Election Date:** Provide the date of the primary or election for which the committee is organized.

5. **Committee Address:** Provide the address of the committee. *Post Office Boxes are acceptable. Committees may also use the candidate's or treasurer's address as the committee address.*

6. **Committee Email & Website:** Provide the email address and website address, if any.

7. **Candidate Name:** Provide the full name of the candidate.

8. **Candidate Residence Address:** Provide the residential street address of the candidate. The candidate may enter an alternate address in lieu of a residential address *only* if they are in the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or have protected address status under General Statutes § 1-217. *Business Addresses or Post Office Boxes are not acceptable for residential street address.*

9. **Candidate Mailing Address:** Provide the mailing address of the candidate if different from the Residence Address on Line 8.

10. **Candidate Telephone:** Provide the phone number of the candidate, including area code.

11. **Candidate Email Address:** Provide the email address of the candidate. *Completion of this information is encouraged in order to disseminate important communications in the most efficient and timely manner.*

SEEC FORM 4 INSTRUCTIONS

Registration Type: Check the type of filing that the current document refers to, either *Initial* or *Amendment*. Check **Initial** if this is the first exploratory committee registration statement of the candidate for the election indicated on Line 4. Check **Amendment** if changes are being made by the candidate to information on a previously filed registration statement.

Committee Name: Provide the committee's name for reference purposes in order that the filing repository can reconnect these pages with the SEEC Form 4 should they become separated.

12. **Treasurer Name:** Provide the full name of the treasurer.

13. **Treasurer Residence Address:** Provide the residential street address of the treasurer. The treasurer may enter an alternate address in lieu of a residential address *only* if they are in the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or have protected address status under General Statutes § 1-217. *Business Addresses or Post Office Boxes are not acceptable for residential street address.*

14. **Treasurer Mailing Address:** Provide the mailing address of the treasurer if different from the Residence Address on Line 13.

15. **Treasurer Telephone:** Provide the phone number of the treasurer, including area code.

16. **Treasurer Email Address:** Provide the email address of the treasurer. *Completion of this information is encouraged in order to disseminate important communications in the most efficient and timely manner.*

17. **Deputy Treasurer Name:** Provide the full name of the deputy treasurer.

18. **Deputy Treasurer Residence Address:** Provide the residential street address of the deputy treasurer. The deputy treasurer may enter an alternate address in lieu of a residential address *only* if they are in the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or have protected address status under General Statutes § 1-217. *Business Addresses or Post Office Boxes are not acceptable for residential street address.*

19. **Deputy Treasurer Mailing Address:** Provide the mailing address of the deputy treasurer if different from the Residence Address on Line 18.

20. **Deputy Treasurer Telephone:** Provide the phone number of the deputy treasurer, including area code.

21. **Deputy Treasurer Email Address:** Provide the email address of the deputy treasurer. *Completion of this information is encouraged in order to disseminate important communications in the most efficient and timely manner.*

A depository institution may be any financial institution situated in or having an office in Connecticut, including but not limited to a bank, savings and loan association, or credit union.

22. **Depository Institution Name:** Provide the complete name of the financial institution located in this state which serves as the depository of the committee's funds.

23. **Depository Institution Address:** Provide the complete address of the committee's depository institution. *Post Office Boxes are acceptable.*

24. **Certification:** The certifications, which are made under penalties of false statement, must be signed and dated by the candidate, treasurer and deputy treasurer, if the candidate has designated an individual to serve as deputy treasurer.