

SEEC FORM 4

EXPLORATORY COMMITTEE REGISTRATION
CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

Page 1 of 2

RECEIVED FOR FILING

OCT 20 2014

TOWN CLERK'S OFFICE

EAST HAVEN, CONN.



Do Not Mark in This Space For
Official Use Only

REGISTRATION TYPE

- ☒ INITIAL
☐ AMENDED

1. ELECTION DATE (mm/dd/yyyy) 11-3-15		2. SUBTYPE OF EXPLORATORY COMMITTEE OFFICE BEING CONSIDERED (Check one below)			
<input type="checkbox"/> 2a. 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"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
3. CANDIDATE NAME					
Prefix	MR.	First	Paul	MI	R
		Last	Thompson		Suffix
		SR			
4. CANDIDATE RESIDENCE ADDRESS			5. CANDIDATE MAILING ADDRESS (if different)		
Street Address 233 Mansfield Grove RD unit 507			Address 233 Mansfield Grove Rd unit 507		
City	East Haven	State	Ct	Zip Code	06512
City	East Haven	State	CT	Zip Code	06512
6. CANDIDATE TELEPHONE (Include Area Code)			7. CANDIDATE E-MAIL ADDRESS		
(203) 467 — 5861			thompspa@sbcglobal.net		
8. PARTY AFFILIATION			9. NAME OF COMMITTEE		
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other			Thompson 2015		
10. COMMITTEE ADDRESS					
Address 93 Austin Ave.			City	East Haven	State
				CT	Zip Code
					06512
11. COMMITTEE E-MAIL ADDRESS			12. COMMITTEE WEBSITE ADDRESS		
kporter024@yahoo.com					
13. TREASURER NAME					
Prefix	Mrs.	First	Kristy	MI	A.
		Last	Porter		Suffix
14. TREASURER RESIDENCE ADDRESS			15. TREASURER MAILING ADDRESS (if different)		
Street Address 93 Austin Avenue			Address 93 Austin Avenue		
City	East Haven	State	CT	Zip Code	06512
City	East Haven	State	CT	Zip Code	06512
16. TREASURER TELEPHONE (Include Area Code)			17. TREASURER E-MAIL ADDRESS		
(203) 589 - 0769			kporter024@yahoo.com		
18. DEPUTY TREASURER NAME					
Prefix	Mrs	First	TARA	MI	C
		Last	Esposito		Suffix
19. DEPUTY TREASURER RESIDENCE ADDRESS			20. DEPUTY TREASURER MAILING ADDRESS (if different)		
Street Address 95 Robert Drive.			Address 95 Robert Drive		
City	East Haven	State	Ct	Zip Code	06512
City	East Haven	State	Ct	Zip Code	06512
21. DEPUTY TREASURER TELEPHONE			22. DEPUTY TREASURER E-MAIL ADDRESS		
(203) 513 - 1466			Tara.espo@att.net		

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.

SEEC FORM 4

EXPLORATORY COMMITTEE REGISTRATION
CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION
Rev. 3/07
Page 2 of 2



Do Not Mark in This Space For
Official Use Only

CANDIDATE NAME

PAUL R. Thompson SR.

23. DEPOSITORY INSTITUTION NAME

CITIZENS Bank

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
263 Hemingway Ave	EAST HAVEN	CT	06512

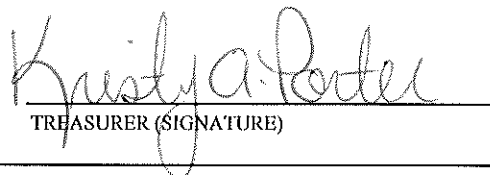
25. CERTIFICATION

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.


CANDIDATE (SIGNATURE)


10-14-14
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.


TREASURER (SIGNATURE)

10-14-14
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.


DEPUTY TREASURER (SIGNATURE)

10-14-2014
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.