

SEEC FORM 2

PARTY COMMITTEE REGISTRATION
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 3/07
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Do Not Mark in This Space For
 Official Use Only

REGISTRATION TYPE

- INITIAL
 AMENDED

1. NAME OF COMMITTEE				2. ACRONYM			
Concerned Citizens State Central Committee							
3. COMMITTEE ADDRESS							
Address 22 ZWICKS FARM RD				City PLANTSVILLE		State CT	Zip Code 06479
4. COMMITTEE E-MAIL ADDRESS				5. COMMITTEE WEB SITE ADDRESS			
concernedcitizens@juno.com							
6. CHAIRPERSON NAME							
Prefix	First Timothy		MI A	Last Knibbs		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS				8. CHAIRPERSON MAILING ADDRESS (if different)			
Street Address 22 ZWICKS FARM RD				Address			
City PLANTSVILLE		State CT	Zip Code 06479	City		State	Zip Code
9. CHAIRPERSON TELEPHONE (Include Area Code)				10. CHAIRPERSON E-MAIL ADDRESS			
(860) 997 — 1249				TimmKnibbs@juno.com			
11. TREASURER NAME							
Prefix Mr	First Richard		MI S.	Last Schuley		Suffix	
12. TREASURER RESIDENCE ADDRESS				13. TREASURER MAILING ADDRESS (if different)			
Street Address PO BOX 689				Address			
City BETHLEHEM		State CT	Zip Code 06751	City		State	Zip Code
14. TREASURER TELEPHONE (Include Area Code)				15. TREASURER E-MAIL ADDRESS			
(203) 266 — 5015				concernedforcitizens@yahoo.com			
16. DEPUTY TREASURER-1 NAME							
Prefix	First Mimi		MI M	Last Knibbs		Suffix	
17. DEPUTY TREASURER-1 RESIDENCE ADDRESS				18. DEPUTY TREASURER-1 MAILING ADDRESS			
Street Address 22 ZWICKS FARM RD				Address			
City PLANTSVILLE		State CT	Zip Code 06479	City		State	Zip Code
19. DEPUTY TREASURER-1 TELEPHONE				20. DEPUTY TREASURER-1 E-MAIL ADDRESS			
(860) 426 — 0028				llive4JJA@juno.com			

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.

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NAME OF COMMITTEE					
Concerned Citizens State Central Committee					
21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)					
Prefix	First Timothy	MI A	Last Knibbs	Suffix	
22. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS			23. ALTERNATE DEPUTY TREASURER MAILING ADDRESS (if different)		
Street Address 22 ZWICKS FARM RD			Address		
City PLANTSVILLE	State CT	Zip Code 06479	City	State	Zip Code
24. ALTERNATE DEPUTY TREASURER TELEPHONE		25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS			
(860) 997 — 1249		TimmKnibbs@juno.com			
26. DEPOSITORY INSTITUTION NAME					
Webster Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address PO Box 191, Waterbury, CT 06720-0191			City	State	Zip Code
28. SUBTYPE OF COMMITTEE			29. PARTY DESIGNATION		
<input type="checkbox"/> Town Committee <input checked="" type="checkbox"/> State Central Committee			<input type="checkbox"/> Republican <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Other <u>Concerned Citizens</u>		
30. CERTIFICATION					
I hereby certify and state, under penalties of false statement, that all of the designations set forth in this party 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 the treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.					
			Timothy A Knibbs	06/19/2008	
			CHAIRPERSON (SIGNATURE)	DATE (mm/dd/yyyy)	
I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated treasurer of this party 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.					
			Richard S. Schuley	05/27/2008	
			TREASURER (SIGNATURE)	DATE (mm/dd/yyyy)	
I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the chairperson's designated deputy treasurer of this party 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 for discharging 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.					
			Mimi M Knibbs	06/19/2008	
			DEPUTY TREASURER (SIGNATURE)	DATE (mm/dd/yyyy)	
I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated alternate deputy treasurer of this statewide party 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 jointly and severally responsible with the state party's other deputy treasurer for discharging 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.					
			Timothy A Knibbs	06/19/2008	
			ALTERNATE DEPUTY TREASURER (SIGNATURE) (STATE CENTRAL COMMITTEES ONLY)	DATE (mm/dd/yyyy)	

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