

SEEC FORM 3NC

Political Committee (PAC)

Biennial Re-Registration Without Changes

STATE ELECTIONS ENFORCEMENT COMMISSION

Revised September 2012



Do Not Mark in This Space For Official Use Only

1. NAME OF COMMITTEE				2. ACRONYM	
Concerned Ashford Residents For Education					
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL & WEBSITE		
Address 104 Jonathan Ln			E-Mail Address		
City Storrs	State CT	Zip Code 06268	Website		
5. TREASURER NAME					
First Name Lisa		MI	Last Name Garvey		Suffix
6. TREASURER RESIDENCE ADDRESS			7. TREASURER MAILING ADDRESS (If different)		
Street Address 394 FERENCE Rd			Address 104 Jonathan Ln		
City Ashford	State CT	Zip Code 06287	City Storrs	State CT	Zip Code 06068
8. TREASURER TELEPHONE		9. TREASURER E-MAIL ADDRESS			
(Include Area Code) (860) 429 - 3870					

10. CERTIFICATION	
Treasurer	
I hereby certify and state, under penalties of false statement, that I have reviewed in full the most recent SEEC Form 3 on file with the State Elections Enforcement Commission, that, upon review, all of the designations set forth in that political committee registration statement are true, accurate and complete to the best of my knowledge and belief, and that there have been no changes, additions, or deletions to the information contained therein since that registration statement was filed.	
Lisa Garvey	11/16/2012
_____ TREASURER SIGNATURE	_____ DATE (mm/dd/yyyy)

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.