

SEEC FORM 4**EXPLORATORY COMMITTEE REGISTRATION**
CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

Page 1 of 2

Do Not Mark in This Space For
Official Use Only**REGISTRATION TYPE**

-
- INITIAL
-
-
- AMENDED

1. ELECTION DATE		2. SUBTYPE OF EXPLORATORY COMMITTEE OFFICE BEING CONSIDERED (Check one below)					
(mm/dd/yyyy) Nov 2010		<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 checked="" type="checkbox"/> 2b. Offices Include Statewide Office only Including State Treasurer <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No		
3. CANDIDATE NAME							
Prefix		First James		MI A.	Last Amann		Suffix
4. CANDIDATE RESIDENCE ADDRESS				5. CANDIDATE MAILING ADDRESS (if different)			
Street Address 515 POPE'S ISLAND RD				Address			
City MILFORD		State CT	Zip Code 06460	City		State	Zip Code
6. CANDIDATE TELEPHONE (Include Area Code)				7. CANDIDATE E-MAIL ADDRESS			
(203) 783 — 1910				Amann2010@gmail.com			
8. PARTY AFFILIATION					9. NAME OF COMMITTEE		
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other					Amann 2010		
10. COMMITTEE ADDRESS							
Address 27 SHAWNEE LN				City MONROE		State CT	Zip Code 06468
11. COMMITTEE E-MAIL ADDRESS				12. COMMITTEE WEB SITE ADDRESS			
amann2010@gmail.com							
13. TREASURER NAME							
Prefix		First Robert		MI F.	Last Frankel		Suffix
14. TREASURER RESIDENCE ADDRESS				15. TREASURER MAILING ADDRESS (if different)			
Street Address 27 SHAWNEE LN				Address			
City MONROE		State CT	Zip Code 06468	City		State	Zip Code
16. TREASURER TELEPHONE (Include Area Code)				17. TREASURER E-MAIL ADDRESS			
(203) 981 — 3078				rffrankel@snet.net			
18. DEPUTY TREASURER NAME							
Prefix		First Diane		MI	Last Reynolds		Suffix
19. DEPUTY TREASURER RESIDENCE ADDRESS				20. DEPUTY TREASURER MAILING ADDRESS (if different)			
Street Address 1 OLD MILL LN				Address			
City WEST HARTFORD		State CT	Zip Code 06107	City		State	Zip Code
21. DEPUTY TREASURER TELEPHONE				22. DEPUTY TREASURER E-MAIL ADDRESS			
(860) 561 — 9614				DRS30@sbcglobal.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

James A. Amann

23. DEPOSITORY INSTITUTION NAME

Peoples United Bank

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
Route 111, Monroe, CT 06468			

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.

James A. Amann

04/07/2008

CANDIDATE (SIGNATURE)

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.

Robert F. Frankel

04/07/2008

TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the 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.

Diane Reynolds

04/07/2008

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.