

# SEEC FORM 4

## EXPLORATORY COMMITTEE REGISTRATION

CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

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### REGISTRATION TYPE

- INITIAL  
 AMENDED

<b>1. ELECTION DATE</b>		<b>2. SUBTYPE OF EXPLORATORY COMMITTEE OFFICE BEING CONSIDERED (Check one below)</b>					
(mm/dd/yyyy) Nov 2010		<input checked="" type="checkbox"/> <b>2a. Offices Include Statewide Office &amp; General Assembly</b> Including State Representative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Including State Treasurer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> <b>2b. Offices Include Statewide Office only</b> Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> <b>2c. Offices Include General Assembly only</b> Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> <b>2d. Municipal &amp; Other Offices Excluding those in Box 2a, 2b and 2c</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>3. CANDIDATE NAME</b>							
Prefix	First	MI	Last	Suffix			
	James	F.	Spallone				
<b>4. CANDIDATE RESIDENCE ADDRESS</b>				<b>5. CANDIDATE MAILING ADDRESS (if different)</b>			
Street Address 13 Deep River Rd				Address PO Box 408			
City	State	Zip Code	City	State	Zip Code		
Centerbrook	CT	06409	Essex	CT	06426		
<b>6. CANDIDATE TELEPHONE (Include Area Code)</b>				<b>7. CANDIDATE E-MAIL ADDRESS</b>			
( 860 ) 767 — 8615				spallone2010@hotmail.com			
<b>8. PARTY AFFILIATION</b>				<b>9. NAME OF COMMITTEE</b>			
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other				Spallone Committee			
<b>10. COMMITTEE ADDRESS</b>							
Address PO Box 408				City Essex		State CT	Zip Code 06425
<b>11. COMMITTEE E-MAIL ADDRESS</b>				<b>12. COMMITTEE WEB SITE ADDRESS</b>			
spallone2010@hotmail.com							
<b>13. TREASURER NAME</b>							
Prefix	First	MI	Last	Suffix			
Mr	Arthur	R.	Thompson				
<b>14. TREASURER RESIDENCE ADDRESS</b>				<b>15. TREASURER MAILING ADDRESS (if different)</b>			
Street Address PO Box 201				Address			
City	State	Zip Code	City	State	Zip Code		
Deep River	CT	06417					
<b>16. TREASURER TELEPHONE (Include Area Code)</b>				<b>17. TREASURER E-MAIL ADDRESS</b>			
( 860 ) 767 — 1661				arthompson136@att.net			
<b>18. DEPUTY TREASURER NAME</b>							
Prefix	First	MI	Last	Suffix			
	Alix	C.	Walmsley				
<b>19. DEPUTY TREASURER RESIDENCE ADDRESS</b>				<b>20. DEPUTY TREASURER MAILING ADDRESS (if different)</b>			
Street Address 13 Deep River Rd				Address PO Box 408			
City	State	Zip Code	City	State	Zip Code		
Centerbrook	CT	06417	Essex	CT	06426		
<b>21. DEPUTY TREASURER TELEPHONE</b>				<b>22. DEPUTY TREASURER E-MAIL ADDRESS</b>			
( 860 ) 767 — 8615				spallone2010@hotmail.com			

**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.*

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Do Not Mark in This Space For  
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James F. Spallone

**23. DEPOSITORY INSTITUTION NAME**

Liberty Bank

**24. DEPOSITORY INSTITUTION ADDRESS**

Address	City	State	Zip Code
7 Main Street, Essex, CT 06426			

**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 F. Spallone

02/10/2009

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.

Arthur R. Thompson

02/10/2009

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.

Alix C. Walmsley

02/10/2009

DEPUTY TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

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