

# SEEC FORM 4

## EXPLORATORY COMMITTEE REGISTRATION CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

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Do Not Mark in This Space For  
Official Use Only

### 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)<br>Nov 2010  |  | <input checked="" type="checkbox"/> <b>2a. Offices Include Statewide Office &amp; General Assembly</b><br>Including State Representative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Including State Treasurer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |  | <input type="checkbox"/> <b>2b. Offices Include Statewide Office only</b><br>Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No |             |                   |
|   |  | <input type="checkbox"/> <b>2c. Offices Include General Assembly only</b><br>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 John  |                   | MI T   | Last Shaban   |             | Suffix            |
| <b>4. CANDIDATE RESIDENCE ADDRESS</b>   |  |   |                   | <b>5. CANDIDATE MAILING ADDRESS (if different)</b>         |   |             |                   |
| Street Address<br>29 Ledgewood Rd   |  |   |                   | Address  |   |             |                   |
| City<br>Redding   |  | State<br>CT   | Zip Code<br>06896 | City   |   | State       | Zip Code          |
| <b>6. CANDIDATE TELEPHONE (Include Area Code)</b>   |  |   |                   | <b>7. CANDIDATE E-MAIL ADDRESS</b>                         |   |             |                   |
| ( ) —   |  |   |                   | jshaban@wbamct.com   |   |             |                   |
| <b>8. PARTY AFFILIATION</b>   |  |   |                   | <b>9. NAME OF COMMITTEE</b>                                |   |             |                   |
| <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other |  |   |                   | JTS Exploratory Committee                                  |   |             |                   |
| <b>10. COMMITTEE ADDRESS</b>  |  |   |                   |  |   |             |                   |
| Address<br>29 Ledgewood Rd  |  |   |                   | City<br>Redding  |   | State<br>CT | Zip Code<br>06896 |
| <b>11. COMMITTEE E-MAIL ADDRESS</b>   |  |   |                   | <b>12. COMMITTEE WEB SITE ADDRESS</b>                      |   |             |                   |
| jshaban@wbamct.com  |  |   |                   |  |   |             |                   |
| <b>13. TREASURER NAME</b>   |  |   |                   |  |   |             |                   |
| Prefix  |  | First Lucy  |                   | MI E   | Last Shaban   |             | Suffix            |
| <b>14. TREASURER RESIDENCE ADDRESS</b>  |  |   |                   | <b>15. TREASURER MAILING ADDRESS (if different)</b>        |   |             |                   |
| Street Address<br>29 Ledgewood Rd   |  |   |                   | Address  |   |             |                   |
| City<br>Redding   |  | State<br>CT   | Zip Code<br>06896 | City   |   | State       | Zip Code          |
| <b>16. TREASURER TELEPHONE (Include Area Code)</b>  |  |   |                   | <b>17. TREASURER E-MAIL ADDRESS</b>                        |   |             |                   |
| ( ) —   |  |   |                   |  |   |             |                   |
| <b>18. DEPUTY TREASURER NAME</b>  |  |   |                   |  |   |             |                   |
| Prefix  |  | First   |                   | MI   | Last  |             | Suffix            |
| <b>19. DEPUTY TREASURER RESIDENCE ADDRESS</b>   |  |   |                   | <b>20. DEPUTY TREASURER MAILING ADDRESS (if different)</b> |   |             |                   |
| Street Address  |  |   |                   | Address  |   |             |                   |
| City  |  | State   | Zip Code          | City   |   | State       | Zip Code          |
| <b>21. DEPUTY TREASURER TELEPHONE</b>   |  |   |                   | <b>22. DEPUTY TREASURER E-MAIL ADDRESS</b>                 |   |             |                   |
| ( ) —   |  |   |                   |  |   |             |                   |

**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.*

