

SEEC FORM 4

EXPLORATORY COMMITTEE REGISTRATION CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

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REGISTRATION TYPE

- INITIAL
 AMENDED

1. ELECTION DATE		2. SUBTYPE OF EXPLORATORY COMMITTEE OFFICE BEING CONSIDERED (Check one below)			
(mm/dd/yyyy) Nov 2010		<input checked="" type="checkbox"/> 2a. Offices Include Statewide Office & General Assembly Including State Representative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Including State Treasurer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> 2b. Offices Include Statewide Office only Including State Treasurer <input type="checkbox"/> Yes <input 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 Gary		MI D.	Last Lebeau	Suffix
4. CANDIDATE RESIDENCE ADDRESS			5. CANDIDATE MAILING ADDRESS (if different)		
Street Address 4 Gorman Pl			Address		
City East Hartford	State CT	Zip Code 06108	City	State	Zip Code
6. CANDIDATE TELEPHONE (Include Area Code)			7. CANDIDATE E-MAIL ADDRESS		
(860) 528 — 5818			garylebeau@yahoo.com		
8. PARTY AFFILIATION			9. NAME OF COMMITTEE		
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other			Lebeau, Rebuilding Connecticut		
10. COMMITTEE ADDRESS					
Address 14 Julia Ct			City Broad Brook	State CT	Zip Code 06016
11. COMMITTEE E-MAIL ADDRESS			12. COMMITTEE WEB SITE ADDRESS		
13. TREASURER NAME					
Prefix	First Timothy		MI D.	Last Larson	Suffix
14. TREASURER RESIDENCE ADDRESS			15. TREASURER MAILING ADDRESS (if different)		
Street Address 33 Gorman Pl			Address		
City East Hartford	State CT	Zip Code 06108	City	State	Zip Code
16. TREASURER TELEPHONE (Include Area Code)			17. TREASURER E-MAIL ADDRESS		
(860) 291 — 9635			mayorlarson1212@yahoo.com		
18. DEPUTY TREASURER NAME					
Prefix	First Kathleen		MI	Last Randall	Suffix
19. DEPUTY TREASURER RESIDENCE ADDRESS			20. DEPUTY TREASURER MAILING ADDRESS (if different)		
Street Address 14 Julia Ct			Address		
City Broad Brook	State CT	Zip Code 06016	City	State	Zip Code
21. DEPUTY TREASURER TELEPHONE			22. DEPUTY TREASURER E-MAIL ADDRESS		
(860) 292 — 1316			kathy.randall@yahoo.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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CANDIDATE NAME

Gary D. Lebeau

23. DEPOSITORY INSTITUTION NAME

New Alliance Bank

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
1065 Main Street, East Hartford, CT 06108			

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.

Gary D. Lebeau 07/21/2009

 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.

Timothy D Larson 07/21/2009

 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.

Kathleen Randall 07/18/2009

 DEPUTY TREASURER (SIGNATURE) DATE (mm/dd/yyyy)

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