

SEEC FORM 4

EXPLORATORY COMMITTEE REGISTRATION CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

Page 1 of 2



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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 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 Rudolph	MI P	Last Marconi	Suffix			
4. CANDIDATE RESIDENCE ADDRESS				5. CANDIDATE MAILING ADDRESS (if different)			
Street Address 145 Main St				Address PO Box 966			
City Ridgefield	State CT	Zip Code 06877	City Ridgefield	State CT	Zip Code 06877		
6. CANDIDATE TELEPHONE (Include Area Code)			7. CANDIDATE E-MAIL ADDRESS				
(203) 244 — 9880			rpmarconi@aol.com				
8. PARTY AFFILIATION			9. NAME OF COMMITTEE				
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other			Marconi For Connecticut				
10. COMMITTEE ADDRESS							
Address PO Box 966			City Ridgefield	State CT	Zip Code 06877		
11. COMMITTEE E-MAIL ADDRESS				12. COMMITTEE WEB SITE ADDRESS			
marconi2010@gmail.com				rudymarconi.com			
13. TREASURER NAME							
Prefix	First William	MI	Last Markus	Suffix			
14. TREASURER RESIDENCE ADDRESS				15. TREASURER MAILING ADDRESS (if different)			
Street Address 18 Pilgrim Hill Rd				Address PO Box 966			
City Ridgefield	State CT	Zip Code 06877	City Ridgefield	State CT	Zip Code 06877		
16. TREASURER TELEPHONE (Include Area Code)			17. TREASURER E-MAIL ADDRESS				
(203) 244 — 9880			wmarkus@snet.net				
18. DEPUTY TREASURER NAME							
Prefix	First Mark	MI S	Last Robinson	Suffix			
19. DEPUTY TREASURER RESIDENCE ADDRESS				20. DEPUTY TREASURER MAILING ADDRESS (if different)			
Street Address 36 Flat Rock Rd				Address			
City Ridgefield	State CT	Zip Code 06877	City	State	Zip Code		
21. DEPUTY TREASURER TELEPHONE			22. DEPUTY TREASURER E-MAIL ADDRESS				
(203) 947 — 9120			mrobinson@rudymarconi.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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Page 2 of 2

Do Not Mark in This Space For
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Rudolph P Marconi

23. DEPOSITORY INSTITUTION NAME

Citibank

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
621 Main Street, Ridgefield, CT 06877			

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.

Rudolph P Marconi

11/17/2009

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.

William Markus

11/17/2009

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.

Mark S Robinson

11/17/2009

DEPUTY TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

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