

# 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

<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 type="checkbox"/> Yes <input checked="" 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 Thomas	MI E	Last Marsh	Suffix	
<b>4. CANDIDATE RESIDENCE ADDRESS</b>			<b>5. CANDIDATE MAILING ADDRESS (if different)</b>		
Street Address 12 Winthrop Rd			Address		
City Chester	State CT	Zip Code 06412	City	State	Zip Code
<b>6. CANDIDATE TELEPHONE (Include Area Code)</b>			<b>7. CANDIDATE E-MAIL ADDRESS</b>		
( 860 ) 526 — 2003			tmarsh2010@gmail.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			Marsh Exploratory Committee		
<b>10. COMMITTEE ADDRESS</b>					
Address PO Box 660			City Chester	State CT	Zip Code 06412
<b>11. COMMITTEE E-MAIL ADDRESS</b>			<b>12. COMMITTEE WEB SITE ADDRESS</b>		
tom@marsh2010.com			www.marsh2010.com		
<b>13. TREASURER NAME</b>					
Prefix Mr	First Glenn	MI D	Last Reyer	Suffix	
<b>14. TREASURER RESIDENCE ADDRESS</b>			<b>15. TREASURER MAILING ADDRESS (if different)</b>		
Street Address 88 Goose Hill Rd			Address PO Box 660		
City Chester	State CT	Zip Code 06412	City Chester	State CT	Zip Code 06412
<b>16. TREASURER TELEPHONE (Include Area Code)</b>			<b>17. TREASURER E-MAIL ADDRESS</b>		
( 860 ) 526 — 9924			glenn@thechestercompany.com		
<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.**

# 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

Thomas E Marsh

### 23. DEPOSITORY INSTITUTION NAME

New Alliance Bank

### 24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
9 Water Street, Chester, Ct 06412			

### 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.

Thomas E Marsh

CANDIDATE (SIGNATURE)

01/14/2010

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.

Glenn D Reyer

TREASURER (SIGNATURE)

01/14/2010

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.

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.**