

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 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 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 checked="" type="checkbox"/> 2d. Municipal & Other Offices Excluding those in Box 2a, 2b and 2c <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. CANDIDATE NAME							
Prefix	First Kathleen	MI J.	Last Murphy	Suffix			
4. CANDIDATE RESIDENCE ADDRESS				5. CANDIDATE MAILING ADDRESS (if different)			
Street Address 130 Wilsonville Rd				Address PO Box 73			
City No Grosvenordale		State CT	Zip Code 06255	City North Grosvenordale		State CT	Zip Code 06255
6. CANDIDATE TELEPHONE (Include Area Code)				7. CANDIDATE E-MAIL ADDRESS			
(860) 935 — 0257				Kathleen.J.Murphy@worldnet.att.net			
8. PARTY AFFILIATION				9. NAME OF COMMITTEE			
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other				Friends Of Kathleen Murphy			
10. COMMITTEE ADDRESS							
Address PO Box 311				City Thompson		State CT	Zip Code 06277
11. COMMITTEE E-MAIL ADDRESS				12. COMMITTEE WEB SITE ADDRESS			
13. TREASURER NAME							
Prefix Mr	First James	MI P.L.	Last Kenney	Suffix			
14. TREASURER RESIDENCE ADDRESS				15. TREASURER MAILING ADDRESS (if different)			
Street Address 6 Old Route 12				Address PO Box 311			
City Thompson		State CT	Zip Code 06277	City Thompson		State CT	Zip Code 06277
16. TREASURER TELEPHONE (Include Area Code)				17. TREASURER E-MAIL ADDRESS			
(860) 928 — 3684				jplKenney@aol.com			
18. DEPUTY TREASURER NAME							
Prefix Ms	First Catherine	MI A.	Last Thomas	Suffix			
19. DEPUTY TREASURER RESIDENCE ADDRESS				20. DEPUTY TREASURER MAILING ADDRESS (if different)			
Street Address 655 Riverside Dr				Address PO Box 41			
City Grosvenordale		State CT	Zip Code 06246	City Grosvenor Dale		State CT	Zip Code 06246
21. DEPUTY TREASURER TELEPHONE				22. DEPUTY TREASURER E-MAIL ADDRESS			
(860) 923 — 1885				thomcat36@msn.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

Kathleen J. Murphy

23. DEPOSITORY INSTITUTION NAME

Citizens National Bank

24. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
Riverside Drive, North Grosvenordale, CT 06255			

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.

Kathleen J. Murphy

CANDIDATE (SIGNATURE)

12/03/2009

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.

James P.L. Kenney

TREASURER (SIGNATURE)

11/25/2009

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.

Catherine A. Thomas

DEPUTY TREASURER (SIGNATURE)

01/04/2010

DATE (mm/dd/yyyy)

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