

# 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 type="checkbox"/> <b>2a. Offices Include Statewide Office &amp; General Assembly</b> 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"/> <b>2b. Offices Include Statewide Office only</b> Including State Treasurer <input type="checkbox"/> Yes <input checked="" 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 John	MI P.	Last Pavia	Suffix			
<b>4. CANDIDATE RESIDENCE ADDRESS</b>				<b>5. CANDIDATE MAILING ADDRESS (if different)</b>			
Street Address 120 Beers Rd				Address 311 Silver Hill Rd			
City Easton	State CT	Zip Code 06612	City Easton	State CT	Zip Code 06612		
<b>6. CANDIDATE TELEPHONE (Include Area Code)</b>			<b>7. CANDIDATE E-MAIL ADDRESS</b>				
( 203 ) 530 — 6978			jpavia@sienalane.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			John Pavia				
<b>10. COMMITTEE ADDRESS</b>							
Address 10 N Columbus Blvd			City Hartford		State CT	Zip Code 06106	
<b>11. COMMITTEE E-MAIL ADDRESS</b>				<b>12. COMMITTEE WEB SITE ADDRESS</b>			
info@pavia4ag.com				www.pavia4ag.com			
<b>13. TREASURER NAME</b>							
Prefix	First Dale	MI J	Last Ribaud	Suffix			
<b>14. TREASURER RESIDENCE ADDRESS</b>				<b>15. TREASURER MAILING ADDRESS (if different)</b>			
Street Address 26 Country Club Rd				Address			
City East Granby	State CT	Zip Code 06026	City	State	Zip Code		
<b>16. TREASURER TELEPHONE (Include Area Code)</b>			<b>17. TREASURER E-MAIL ADDRESS</b>				
( 860 ) 982 — 6147			dribaudo@cox.net				
<b>18. DEPUTY TREASURER NAME</b>							
Prefix	First Carolyn	MI M	Last Slupczewski	Suffix			
<b>19. DEPUTY TREASURER RESIDENCE ADDRESS</b>				<b>20. DEPUTY TREASURER MAILING ADDRESS (if different)</b>			
Street Address 170 Westbury Park Rd # B4				Address			
City Watertown	State CT	Zip Code 06795	City	State	Zip Code		
<b>21. DEPUTY TREASURER TELEPHONE</b>			<b>22. DEPUTY TREASURER E-MAIL ADDRESS</b>				
( 203 ) 525 — 7476			cslupczewski@gmail.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.*

**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**

John P. Pavia

**23. DEPOSITORY INSTITUTION NAME**

Sovereign Bank

**24. DEPOSITORY INSTITUTION ADDRESS**

Address	City	State	Zip Code
115 Asylum Street, Hartford, CT 06103			

**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.

John P. Pavia

01/25/2010

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.

Dale J Ribaud

01/25/2010

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.

Carolyn M Slupczewski

01/25/2010

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.**