

SEEC FORM 4**EXPLORATORY COMMITTEE REGISTRATION**
CONNECTICUT STATE ELECTION ENFORCEMENT COMMISSION

Rev. 3/07

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Do Not Mark in This Space For
Official Use Only**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 checked="" type="checkbox"/> 2c. Offices Include General Assembly only Including State Representative <input type="checkbox"/> Yes <input checked="" 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 Lisa | | MI A | Last Davenport | | Suffix |
| 4. CANDIDATE RESIDENCE ADDRESS | | | | 5. CANDIDATE MAILING ADDRESS (if different) | | | |
| Street Address 197 Tuttle Rd | | | | Address | | | |
| City Durham | | State CT | Zip Code 06422 | City | | State | Zip Code |
| 6. CANDIDATE TELEPHONE (Include Area Code) | | | | 7. CANDIDATE E-MAIL ADDRESS | | | |
| (860) 349 — 8526 | | | | lisaanddavenport@gmail.com | | | |
| 8. PARTY AFFILIATION | | | | 9. NAME OF COMMITTEE | | | |
| <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other | | | | Lisa Davenport 2010 | | | |
| 10. COMMITTEE ADDRESS | | | | | | | |
| Address PO Box 106 | | | | City Durham | | State CT | Zip Code 06422-0106 |
| 11. COMMITTEE E-MAIL ADDRESS | | | | 12. COMMITTEE WEB SITE ADDRESS | | | |
| lisaanddavenport@gmail.com | | | | lisadavenport2010.com | | | |
| 13. TREASURER NAME | | | | | | | |
| Prefix | | First Pamela | | MI M | Last Lucashu | | Suffix |
| 14. TREASURER RESIDENCE ADDRESS | | | | 15. TREASURER MAILING ADDRESS (if different) | | | |
| Street Address 72 Anna Ter | | | | Address | | | |
| City Durham | | State CT | Zip Code 06422 | City | | State | Zip Code |
| 16. TREASURER TELEPHONE (Include Area Code) | | | | 17. TREASURER E-MAIL ADDRESS | | | |
| (860) 349 — 1861 | | | | jlucashu@snet.net | | | |
| 18. DEPUTY TREASURER NAME | | | | | | | |
| Prefix | | First William | | MI | Last LaFlamme | | Suffix |
| 19. DEPUTY TREASURER RESIDENCE ADDRESS | | | | 20. DEPUTY TREASURER MAILING ADDRESS (if different) | | | |
| Street Address 217 Dinatale Dr | | | | Address | | | |
| City Durham | | State CT | Zip Code 06422 | City | | State | Zip Code |
| 21. DEPUTY TREASURER TELEPHONE | | | | 22. DEPUTY TREASURER E-MAIL ADDRESS | | | |
| (860) 349 — 0876 | | | | wclaflamme@snet.net | | | |

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

Lisa A Davenport

23. DEPOSITORY INSTITUTION NAME

Liberty Bank

24. DEPOSITORY INSTITUTION ADDRESS

| Address | City | State | Zip Code |
|-----------------------------------|------|-------|----------|
| 357 Main Street, Durham, Ct 06422 | | | |

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.

Lisa A Davenport

02/22/2010

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.

Pamela M Lucashu

02/22/2010

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.

William LaFlamme

02/22/2010

DEPUTY TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

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