

SEEC FORM 2

PARTY COMMITTEE REGISTRATION
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 3/07
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Do Not Mark in This Space For
 Official Use Only

REGISTRATION TYPE

- INITIAL
 AMENDED

1. NAME OF COMMITTEE				2. ACRONYM			
Ashford Republican Town Committee				ARTC			
3. COMMITTEE ADDRESS							
Address 152 Squaw Hollow Rd				City Ashford		State CT	Zip Code 06278
4. COMMITTEE E-MAIL ADDRESS				5. COMMITTEE WEB SITE ADDRESS			
6. CHAIRPERSON NAME							
Prefix Mr	First William			MI	Last Falletti		Suffix Sr
7. CHAIRPERSON RESIDENCE ADDRESS				8. CHAIRPERSON MAILING ADDRESS (if different)			
Street Address 152 Squaw Hollow Rd				Address			
City Ashford		State CT	Zip Code 06278	City		State	Zip Code
9. CHAIRPERSON TELEPHONE (Include Area Code)				10. CHAIRPERSON E-MAIL ADDRESS			
(860) 487 — 1643				bhfalletti@aol.com			
11. TREASURER NAME							
Prefix	First Linda			MI G.	Last Falletti		Suffix
12. TREASURER RESIDENCE ADDRESS				13. TREASURER MAILING ADDRESS (if different)			
Street Address 152 Squaw Hollow Rd				Address			
City Ashford		State CT	Zip Code 06278	City		State	Zip Code
14. TREASURER TELEPHONE (Include Area Code)				15. TREASURER E-MAIL ADDRESS			
(860) 487 — 1643				bhfalletti@aol.com			
16. DEPUTY TREASURER-1 NAME							
Prefix	First			MI	Last		Suffix
17. DEPUTY TREASURER-1 RESIDENCE ADDRESS				18. DEPUTY TREASURER-1 MAILING ADDRESS			
Street Address				Address			
City		State	Zip Code	City		State	Zip Code
19. DEPUTY TREASURER-1 TELEPHONE				20. DEPUTY TREASURER-1 E-MAIL ADDRESS			
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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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-
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-
-
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NAME OF COMMITTEE**Ashford Republican Town Committee****21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)**

Prefix	First	MI	Last	Suffix
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22. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS

Street Address		
City	State	Zip Code

23. ALTERNATE DEPUTY TREASURER MAILING ADDRESS (if different)

Address		
City	State	Zip Code

24. ALTERNATE DEPUTY TREASURER TELEPHONE

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25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS

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26. DEPOSITORY INSTITUTION NAME

New Alliance

27. DEPOSITORY INSTITUTION ADDRESS

Address		City	State	Zip Code
6 Storres Rd., Mansfield Ctr., Ct 06250				

28. SUBTYPE OF COMMITTEE
 Town Committee State Central Committee
29. PARTY DESIGNATION
 Republican Democratic Other _____
30. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this party 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 the treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

William Falletti

04/10/2010

CHAIRPERSON (SIGNATURE)

DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated treasurer of this party 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.

Linda G. Falletti

04/10/2010

TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the chairperson's designated deputy treasurer of this party 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 for discharging 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)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated alternate deputy treasurer of this statewide party 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 jointly and severally responsible with the state party's other deputy treasurer for discharging 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.

ALTERNATE DEPUTY TREASURER (SIGNATURE)
(STATE CENTRAL COMMITTEES ONLY)

DATE (mm/dd/yyyy)

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