

**SEEC FORM 2**

**PARTY COMMITTEE REGISTRATION**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Rev. 3/07  
 Page 1 of 2



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 Official Use Only

<b>REGISTRATION TYPE</b>	
<input type="checkbox"/>	INITIAL
<input checked="" type="checkbox"/>	AMENDED

<b>1. NAME OF COMMITTEE</b>		<b>2. ACRONYM</b>	
Burlington Democratic Town Committee		BDTC	
<b>3. COMMITTEE ADDRESS</b>			
Address PO BOX 1368		City BURLINGTON	State CT
		Zip Code 06013	
<b>4. COMMITTEE E-MAIL ADDRESS</b>		<b>5. COMMITTEE WEB SITE ADDRESS</b>	
<b>6. CHAIRPERSON NAME</b>			
Prefix Mr	First Daniel	MI G.	Last Zabel
Suffix			
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>		<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>	
Street Address 185 W CHIPPENS HILL RD		Address	
City BURLINGTON	State CT	Zip Code 06013	City
		State	
		Zip Code	
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>		<b>10. CHAIRPERSON E-MAIL ADDRESS</b>	
( 860 ) 673 — 0554		zhusky@aol.com	
<b>11. TREASURER NAME</b>			
Prefix	First Neil	MI W.	Last Beup
Suffix			
<b>12. TREASURER RESIDENCE ADDRESS</b>		<b>13. TREASURER MAILING ADDRESS (if different)</b>	
Street Address 293 CANTON RD		Address	
City BURLINGTON	State CT	Zip Code 06013	City
		State	
		Zip Code	
<b>14. TREASURER TELEPHONE (Include Area Code)</b>		<b>15. TREASURER E-MAIL ADDRESS</b>	
( 860 ) 673 — 0573		nwbeup@yahoo.com	
<b>16. DEPUTY TREASURER-1 NAME</b>			
Prefix	First	MI	Last
Suffix			
<b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>		<b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>	
Street Address		Address	
City	State	Zip Code	City
		State	
		Zip Code	
<b>19. DEPUTY TREASURER-1 TELEPHONE</b>		<b>20. DEPUTY TREASURER-1 E-MAIL ADDRESS</b>	
( ) —			

*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 2****PARTY COMMITTEE REGISTRATION**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**

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Page 2 of 2

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- 
- INITIAL
- 
- 
- AMENDED

**NAME OF COMMITTEE****Burlington Democratic 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**

( ) —

**25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS****26. DEPOSITORY INSTITUTION NAME**

Farmington Savings Bank

**27. DEPOSITORY INSTITUTION ADDRESS**

Address	City	State	Zip Code
253 Spielman Highway, Burlington, CT 06013			

**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.

Daniel G. Zabel03/07/2008

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.

Neil W. Beup04/08/2008

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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