

# SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

## Party Committee Registration

Revised January 2016



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<b>REGISTRATION TYPE</b> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		<b>1. COMMITTEE NAME</b> <b>Coventry Republican Town Committee</b>			<b>2. ACRONYM</b>	
<b>3. SUBTYPE OF COMMITTEE</b> <input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee			<b>4. PARTY AFFILIATION</b> <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democrat <input type="checkbox"/> Other (Specify) _____			
<b>5. COMMITTEE ADDRESS</b> Address 683 Brigham Tavern Rd City Coventry			<b>6. COMMITTEE EMAIL &amp; WEBSITE</b> Email Address coventrygop@gmail.com Website			
State CT		Zip Code 06238				
<b>7. CHAIRPERSON NAME</b>						
First Name Thomas		MI V	Last Name Pope		Suffix	
<b>8. CHAIRPERSON RESIDENCE ADDRESS</b> Street Address 683 Brigham Tavern Rd City Coventry			<b>9. CHAIRPERSON MAILING ADDRESS (If different)</b> Address			
State CT		Zip Code 06238		City State Zip Code		
<b>10. CHAIRPERSON TELEPHONE</b> (Include Area Code) 860    989    8344			<b>11. CHAIRPERSON EMAIL ADDRESS</b> tom4candles@yahoo.com			
<b>12. TREASURER NAME</b>						
First Name Robert		MI	Last Name Chipkin		Suffix	
<b>13. TREASURER RESIDENCE ADDRESS</b> Street Address 454 Cassidy Hill Rd City Coventry			<b>14. TREASURER MAILING ADDRESS (If different)</b> Address			
State CT		Zip Code 06238		City State Zip Code		
<b>15. TREASURER TELEPHONE</b> (Include Area Code) 860    498    1024			<b>16. TREASURER EMAIL ADDRESS</b> rchipkin@comcast.net			
<b>17. DEPUTY TREASURER NAME</b>						
First Name Matthew		MI D	Last Name O'Brien		Suffix	
<b>18. DEPUTY TREASURER RESIDENCE ADDRESS</b> Street Address 3400 Main St City Coventry			<b>19. DEPUTY TREASURER MAILING ADDRESS (If different)</b> Address			
State CT		Zip Code 06238		City State Zip Code		
<b>20. DEPUTY TREASURER TELEPHONE</b> (Include Area Code) 860    803    7704			<b>21. DEPUTY TREASURER EMAIL ADDRESS</b> mattobrien24@gmail.com			

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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REGISTRATION TYPE		COMMITTEE NAME			
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		<b>Coventry Republican Town Committee</b>			
<b>22. ALTERNATE DEPUTY TREASURER NAME</b> <i>(State Central Committees ONLY)</i>					
First Name		MI	Last Name		Suffix
<b>23. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>24. ALTERNATE DEPUTY TREASURER MAILING ADDRESS</b> <i>(If different)</i>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>25. ALTERNATE DEPUTY TREASURER TELEPHONE</b> <i>(Include Area Code)</i>		<b>26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS</b>			
<b>27. DEPOSITORY INSTITUTION NAME</b>					
First Niagara Bank					
<b>28. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 3534 Main Street, Coventry, CT 06238					
<b>29. CERTIFICATION</b>					
Chairperson					
<p>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 to such position.</p>					
Thomas V Pope			03/28/2016		
CHAIRPERSON SIGNATURE			DATE (mm/dd/yyyy)		
Treasurer					
<p>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 certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.</p>					
<p>I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.</p>					
<p>I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.</p>					
<p>I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.</p>					
Robert Chipkin			04/13/2016		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

