

SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

Party Committee Registration

Revised January 2016



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Received by SEEC

08/13/2020 02:22 PM

REGISTRATION TYPE <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		1. COMMITTEE NAME Granby Democratic Town Committee			2. ACRONYM GDTC	
3. SUBTYPE OF COMMITTEE <input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee			4. PARTY AFFILIATION <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Other (Specify) _____			
5. COMMITTEE ADDRESS Address PO Box 284 City Granby			State CT		Zip Code 06035	
6. COMMITTEE EMAIL & WEBSITE Email Address granbydemocrats@gmail.com Website granbydems.org						
7. CHAIRPERSON NAME						
First Name Monica		MI L	Last Name Logan		Suffix	
8. CHAIRPERSON RESIDENCE ADDRESS Street Address 15 Cone Mountain Rd City West Granby			State CT	Zip Code 06090	City State Zip Code	
9. CHAIRPERSON MAILING ADDRESS (If different) Address						
10. CHAIRPERSON TELEPHONE (Include Area Code) 860 830 3428			11. CHAIRPERSON EMAIL ADDRESS monicalogan@gmail.com			
12. TREASURER NAME						
First Name James		MI C	Last Name Lofink		Suffix	
13. TREASURER RESIDENCE ADDRESS Street Address 3 Juniper Dr City Granby			State CT	Zip Code 06035	City State Zip Code	
14. TREASURER MAILING ADDRESS (If different) Address						
15. TREASURER TELEPHONE (Include Area Code) 860 810 0274			16. TREASURER EMAIL ADDRESS jclofink@gmail.com			
17. DEPUTY TREASURER NAME						
First Name Audrey		MI A	Last Name Meyer Lampert		Suffix	
18. DEPUTY TREASURER RESIDENCE ADDRESS Street Address 120 Loomis St City North Granby			State CT	Zip Code 06060-1	City State Zip Code	
19. DEPUTY TREASURER MAILING ADDRESS (If different) Address						
20. DEPUTY TREASURER TELEPHONE (Include Area Code) 860 413 8000			21. DEPUTY TREASURER EMAIL ADDRESS lampertaud@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		Granby Democratic Town Committee			
22. ALTERNATE DEPUTY TREASURER NAME <i>(State Central Committees ONLY)</i>					
First Name		MI	Last Name		Suffix
23. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS			24. ALTERNATE DEPUTY TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
25. ALTERNATE DEPUTY TREASURER TELEPHONE <i>(Include Area Code)</i>		26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS			
27. DEPOSITORY INSTITUTION NAME					
Windsor Federal Savings					
28. DEPOSITORY INSTITUTION ADDRESS					
Address 250 Broad Street, Windsor, CT 06095					
29. CERTIFICATION					
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>					
Monica L Logan			08/11/2020		
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>					
James C Lofink			08/11/2020		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

