

**SEEC FORM 2**

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



Do Not Mark in This Space For  
 Official Use Only

**REGISTRATION TYPE**

- INITIAL  
 AMENDED

<b>1. NAME OF COMMITTEE</b>		<b>2. ACRONYM</b>			
Glastonbury Republican Town Committee		GRTC			
<b>3. COMMITTEE ADDRESS</b>					
Address PO BOX 1228		City GLASTONBURY	State CT	Zip Code 06033	
<b>4. COMMITTEE E-MAIL ADDRESS</b>			<b>5. COMMITTEE WEB SITE ADDRESS</b>		
suegal@gmail.com			theglastonburyrepublicans.com		
<b>6. CHAIRPERSON NAME</b>					
Prefix Mrs	First Suzanne	MI	Last Galvin	Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>		
Street Address 246 MOUNTAIN RD			Address		
City GLASTONBURY	State CT	Zip Code 06033	City	State	Zip Code
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>			<b>10. CHAIRPERSON E-MAIL ADDRESS</b>		
( 860 ) 649 — 8228			suegal@gmail.com		
<b>11. TREASURER NAME</b>					
Prefix Mr	First Robert	MI W.	Last Jenkins	Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (if different)</b>		
Street Address 89 KNOLLWOOD DR			Address		
City GLASTONBURY	State CT	Zip Code 06033	City	State	Zip Code
<b>14. TREASURER TELEPHONE (Include Area Code)</b>			<b>15. TREASURER E-MAIL ADDRESS</b>		
( 860 ) 633 — 6210					
<b>16. DEPUTY TREASURER-1 NAME</b>					
Prefix Mrs	First Suzanne	MI	Last Galvin	Suffix	
<b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>			<b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>		
Street Address 246 MOUNTAIN RD			Address		
City GLASTONBURY	State CT	Zip Code 06033	City	State	Zip Code
<b>19. DEPUTY TREASURER-1 TELEPHONE</b>			<b>20. DEPUTY TREASURER-1 E-MAIL ADDRESS</b>		
( 860 ) 649 — 8228			suegal@gmail.com		

*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**

Rev. 3/07

Page 2 of 2

Do Not Mark in This Space For  
Official Use Only**REGISTRATION TYPE**

- 
- INITIAL
- 
- 
- AMENDED

**NAME OF COMMITTEE****Glastonbury Republican Town Committee****21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)**

Prefix	First	MI	Last	Suffix
--------	-------	----	------	--------

**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**

Bank North

**27. DEPOSITORY INSTITUTION ADDRESS**

Address	City	State	Zip Code
2461 Main Street, Glastonbury, CT 06033			

**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.

Suzanne Galvin

03/18/2008

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.

Robert W. Jenkins

03/18/2008

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.

Suzanne Galvin

03/18/2008

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)

**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.**