SEEC FORM 2

PARTY COMMITTEE REGISTRATION

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 3/07

Do Not Mark in This Space For Official Use Only

REGISTRATION TYPE

- ☐ INITIAL
- ☑ AMENDED

1. NAME OF COMMITTEE	2. ACRONYM
Goshen Democratic Town Committee	

3. COMMITTEE ADDRESS			
Address: PO Box 52	City: Goshen	State: CT	Zip Code: 06756

4. COMMITTEE E-MAIL ADDRESS	5. COMMITTEE WEB SITE ADDRESS

6. CHAIRPERSON NAME				
Prefix	First: Edward	MI: L	Last: Bixler	Suffix

7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS *(if different)*		
Street Address: 95 Gray Ln			Address		
City: Goshen	State: CT	Zip Code: 06756	City	State	Zip Code

9. CHAIRPERSON TELEPHONE *(Include Area Code)*	10. CHAIRPERSON E-MAIL ADDRESS
(860) 491 — 4975	bixler@optonline.net

11. TREASURER NAME				
Prefix	First: Lillian	MI	Last: Gee	Suffix

12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS *(if different)*		
Street Address: 25 Old Middle St			Address: PO Box 373		
City: Goshen	State: CT	Zip Code: 06756	City: Goshen	State: CT	Zip Code: 06756

14. TREASURER TELEPHONE *(Include Area Code)*	15. TREASURER E-MAIL ADDRESS
(860) 491 — 2339	lillian@kaufmanwoodworking.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
( ) —	

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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NAME OF COMMITTEE

Goshen Democratic 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

The First National Bank of Litchfield

27. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
4 Sharon Turnpike, Goshen, Ct 06756			

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.

Edward L Bixler — CHAIRPERSON (SIGNATURE)

03/25/2010 — 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.

Lillian Gee — TREASURER (SIGNATURE)

03/25/2010 — 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) — DATE (mm/dd/yyyy)

(STATE CENTRAL COMMITTEES ONLY)

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