# 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 | GDTC |

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

| 4. COMMITTEE E-MAIL ADDRESS | 5. COMMITTEE WEB SITE ADDRESS |
|---|---|
| drosaler@gmail.com | |

| 6. CHAIRPERSON NAME | | | | |
|---|---|---|---|---|
| Prefix | First: David | MI | Last: Rosaler | Suffix |

| 7. CHAIRPERSON RESIDENCE ADDRESS | | | 8. CHAIRPERSON MAILING ADDRESS *(if different)* | | |
|---|---|---|---|---|---|
| Street Address: 184 Sherbrook Dr | | | 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 — 9881 | drosaler@gmail.com |

| 11. TREASURER NAME | | | | |
|---|---|---|---|---|
| Prefix | First: Darlene | MI | Last: Demetri | Suffix |

| 12. TREASURER RESIDENCE ADDRESS | | | 13. TREASURER MAILING ADDRESS *(if different)* | | |
|---|---|---|---|---|---|
| Street Address: 66 North St | | | Address | | |
| City: Goshen | State: CT | Zip Code: 06756 | City | State | Zip Code |

| 14. TREASURER TELEPHONE *(Include Area Code)* | 15. TREASURER E-MAIL ADDRESS |
|---|---|
| ( 860 ) 491 — 3832 | dmdemetri@snet.net |

| 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** | | | **23. ALTERNATE DEPUTY TREASURER MAILING ADDRESS** ***(if different)*** | | |
|---|---|---|---|---|---|
| Street Address | | | Address | | |
| City | State | Zip Code | City | State | Zip Code |
| | | | | | |

| **24. ALTERNATE DEPUTY TREASURER TELEPHONE** | **25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS** |
|---|---|
| ( ) — | |

**26. DEPOSITORY INSTITUTION NAME**

Union Savings Bank

**27. DEPOSITORY INSTITUTION ADDRESS**

| Address | City | State | Zip Code |
|---|---|---|---|
| 4 Sharon Turnpike, Goshen, CT 06756 | | | |

| **28. SUBTYPE OF COMMITTEE** | **29. PARTY DESIGNATION** |
|---|---|
| ☑ Town Committee ☐ State Central Committee | ☐ 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.

David Rosaler — CHAIRPERSON (SIGNATURE)

04/07/2014 — 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.

Darlene Demetri — TREASURER (SIGNATURE)

04/08/2014 — 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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