

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

1. NAME OF COMMITTEE				2. ACRONYM			
Guilford Democratic Town Committee				GDTC			
3. COMMITTEE ADDRESS							
Address PO BOX 1420				City GUILFORD		State CT	Zip Code 06437
4. COMMITTEE E-MAIL ADDRESS				5. COMMITTEE WEB SITE ADDRESS			
				guilforddemocrats.org			
6. CHAIRPERSON NAME							
Prefix Mr		First Howard		MI L.	Last Brody		Suffix
7. CHAIRPERSON RESIDENCE ADDRESS				8. CHAIRPERSON MAILING ADDRESS (if different)			
Street Address 6 GUILFORD POINT DR				Address 194 SAM HILL RD			
City GUILFORD		State CT	Zip Code 06437	City GUILFORD		State CT	Zip Code 06437
9. CHAIRPERSON TELEPHONE (Include Area Code)				10. CHAIRPERSON E-MAIL ADDRESS			
(203) 453 — 0072				hlbrody@mindspring.com			
11. TREASURER NAME							
Prefix		First Jennifer		MI A	Last Allcock		Suffix
12. TREASURER RESIDENCE ADDRESS				13. TREASURER MAILING ADDRESS (if different)			
Street Address 76 GRIST MILL CIR				Address			
City GUILFORD		State CT	Zip Code 06437	City		State	Zip Code
14. TREASURER TELEPHONE (Include Area Code)				15. TREASURER E-MAIL ADDRESS			
(203) 453 — 5041				jallcock@att.net			
16. DEPUTY TREASURER-1 NAME							
Prefix Mr		First Henry		MI	Last Graver		Suffix
17. DEPUTY TREASURER-1 RESIDENCE ADDRESS				18. DEPUTY TREASURER-1 MAILING ADDRESS			
Street Address 124 TUTTLE'S POINT RD				Address			
City GUILFORD		State CT	Zip Code 06437	City		State	Zip Code
19. DEPUTY TREASURER-1 TELEPHONE				20. DEPUTY TREASURER-1 E-MAIL ADDRESS			
(203) 453 — 4773				hanklouise@comcast.net			

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**

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- ☐ INITIAL
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NAME OF COMMITTEE					
Guilford 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					
Webster Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address 1069 Boston Post Road, Guilford, CT 06437			City	State	Zip Code
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. Howard L. Brody _____ CHAIRPERSON (SIGNATURE) 04/24/2008 _____ 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. Jennifer A Allcock _____ TREASURER (SIGNATURE) 04/21/2008 _____ 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. Henry Graver _____ DEPUTY TREASURER (SIGNATURE) 04/21/2008 _____ 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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