SEEC FORM 2

PARTY COMMITTEE REGISTRATION
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 3/07
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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	City	State	Zip Code
PO Box 1420	Guilford	CT	06437

4. COMMITTEE E-MAIL ADDRESS	5. COMMITTEE WEB SITE ADDRESS
	www.guilforddemocrats.org

6. CHAIRPERSON NAME

Prefix	First	MI	Last	Suffix
	Anita		Catardi	

7. CHAIRPERSON RESIDENCE ADDRESS	8. CHAIRPERSON MAILING ADDRESS *(if different)*
Street Address: 53 Driftwood Ln	Address

City	State	Zip Code	City	State	Zip Code
Guilford	CT	06437			

9. CHAIRPERSON TELEPHONE *(Include Area Code)*	10. CHAIRPERSON E-MAIL ADDRESS
(203) 453 — 5919	amcgfd@aol.com

11. TREASURER NAME

Prefix	First	MI	Last	Suffix
	Stephen	R	Kops	

12. TREASURER RESIDENCE ADDRESS	13. TREASURER MAILING ADDRESS *(if different)*
Street Address: 74 Thistle Rock Dr	Address: 162 Sconset Ln

City	State	Zip Code	City	State	Zip Code
Guilford	CT	06437	Guilford	CT	06437-4802

14. TREASURER TELEPHONE *(Include Area Code)*	15. TREASURER E-MAIL ADDRESS
(203) 453 — 1472	steve@kopsbenefits.com

16. DEPUTY TREASURER-1 NAME

Prefix	First	MI	Last	Suffix
	F. Michael		Ayles	

17. DEPUTY TREASURER-1 RESIDENCE ADDRESS	18. DEPUTY TREASURER-1 MAILING ADDRESS
Street Address: 31 River Colony	Address: 16 Village Victoria

City	State	Zip Code	City	State	Zip Code
Guilford	CT	06437	Guilford	CT	06437

19. DEPUTY TREASURER-1 TELEPHONE	20. DEPUTY TREASURER-1 E-MAIL ADDRESS
(203) 640 — 2557	mayles17@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.

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REGISTRATION TYPE

☐ INITIAL
☑ AMENDED

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
Guilford Savings Bank

27. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
One Park Street, Guilford, CT 06437			

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.

Anita Catardi   01/15/2013
_____   _____
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.

Stephen R Kops   01/14/2013
_____   _____
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.

F. Michael Ayles   01/17/2013
_____   _____
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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