

# SEEC FORM 2

**PARTY COMMITTEE REGISTRATION**  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Rev. 3/07  
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Official Use Only

### REGISTRATION TYPE

- INITIAL  
 AMENDED

<b>1. NAME OF COMMITTEE</b>		<b>2. ACRONYM</b>	
Marlborough Democratic Town Committee		MDTC	
<b>3. COMMITTEE ADDRESS</b>			
Address 9 DEER RUN		City MARLBOROUGH	State CT
Zip Code 06447			
<b>4. COMMITTEE E-MAIL ADDRESS</b>		<b>5. COMMITTEE WEB SITE ADDRESS</b>	
fishersr@comcast.net			
<b>6. CHAIRPERSON NAME</b>			
Prefix Mr	First Shawn	MI R.	Last Fisher
Suffix			
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>		<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>	
Street Address 155 KNOWLTON HILL RD		Address 9 DEER RUN	
City ASHFORD	State CT	Zip Code 06278	City MARLBOROUGH
State CT		Zip Code 06447	
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>		<b>10. CHAIRPERSON E-MAIL ADDRESS</b>	
( 860 ) 467 — 6214		fishersr@comcast.net	
<b>11. TREASURER NAME</b>			
Prefix Mr	First Michael	MI J.	Last O'Neil
Suffix			
<b>12. TREASURER RESIDENCE ADDRESS</b>		<b>13. TREASURER MAILING ADDRESS (if different)</b>	
Street Address 221 FLOOD RD		Address	
City MARLBOROUGH	State CT	Zip Code 06447-1545	City
State CT		Zip Code	
<b>14. TREASURER TELEPHONE (Include Area Code)</b>		<b>15. TREASURER E-MAIL ADDRESS</b>	
( 860 ) 295 — 9737			
<b>16. DEPUTY TREASURER-1 NAME</b>			
Prefix	First	MI	Last
Suffix			
<b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>		<b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>	
Street Address		Address	
City	State	Zip Code	City
State		Zip Code	
<b>19. DEPUTY TREASURER-1 TELEPHONE</b>		<b>20. DEPUTY TREASURER-1 E-MAIL ADDRESS</b>	
( ) —			

*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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<b>NAME OF COMMITTEE</b>					
<b>Marlborough Democratic Town Committee</b>					
<b>21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)</b>					
Prefix	First	MI	Last	Suffix	
<b>22. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>23. ALTERNATE DEPUTY TREASURER MAILING ADDRESS (if different)</b>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>24. ALTERNATE DEPUTY TREASURER TELEPHONE</b>		<b>25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS</b>			
(        )        —					
<b>26. DEPOSITORY INSTITUTION NAME</b>					
Liberty Bank					
<b>27. DEPOSITORY INSTITUTION ADDRESS</b>					
Address			City	State	Zip Code
East Hampton Road, Marlborough, CT 06447					
<b>28. SUBTYPE OF COMMITTEE</b>		<b>29. PARTY DESIGNATION</b>			
<input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee		<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other _____			
<b>30. CERTIFICATION</b>					
<p>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.</p>					
			Shawn R. Fisher	01/02/2008	
			CHAIRPERSON (SIGNATURE)	DATE (mm/dd/yyyy)	
<p>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.</p>					
			Michael J. O'Neil	01/14/2008	
			TREASURER (SIGNATURE)	DATE (mm/dd/yyyy)	
<p>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.</p>					
			DEPUTY TREASURER (SIGNATURE)	DATE (mm/dd/yyyy)	
<p>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.</p>					
			ALTERNATE DEPUTY TREASURER (SIGNATURE) (STATE CENTRAL COMMITTEES ONLY)	DATE (mm/dd/yyyy)	

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