

SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

Party Committee Registration

Revised January 2016



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Received by SEEC

03/17/2020 03:06 PM

REGISTRATION TYPE <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		1. COMMITTEE NAME Marlborough Republican Town Committee			2. ACRONYM MRTC	
3. SUBTYPE OF COMMITTEE <input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee			4. PARTY AFFILIATION <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democrat <input type="checkbox"/> Other (Specify) _____			
5. COMMITTEE ADDRESS			6. COMMITTEE EMAIL & WEBSITE			
Address 47 Roberts Rd			Email Address lizgorgs@gmail.com			
City Marlborough		State CT	Zip Code 06447	Website www.marlgop.com		
7. CHAIRPERSON NAME						
First Name Elisabeth		MI E	Last Name Gorgoglione		Suffix	
8. CHAIRPERSON RESIDENCE ADDRESS			9. CHAIRPERSON MAILING ADDRESS (If different)			
Street Address 47 Roberts Rd			Address			
City Marlborough		State CT	Zip Code 06447	City	State Zip Code	
10. CHAIRPERSON TELEPHONE (Include Area Code) 860 966 0050			11. CHAIRPERSON EMAIL ADDRESS lizgorgs@gmail.com			
12. TREASURER NAME						
First Name Patrick		MI A	Last Name Pabouet		Suffix	
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS (If different)			
Street Address 429 Jones Hollow Rd			Address PO Box 13			
City Marlborough		State CT	Zip Code 06447	City Marlborough	State CT Zip Code 06447	
15. TREASURER TELEPHONE (Include Area Code) 860 209 1776			16. TREASURER EMAIL ADDRESS PPAB@aol.com			
17. DEPUTY TREASURER NAME						
First Name Kenneth		MI J	Last Name Hjulstrom		Suffix	
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address 181 S Main St			Address			
City Marlborough		State CT	Zip Code 06447	City	State Zip Code	
20. DEPUTY TREASURER TELEPHONE (Include Area Code) 860 490 9116			21. DEPUTY TREASURER EMAIL ADDRESS tigerladee@snet.net			

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		COMMITTEE NAME			
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		Marlborough Republican Town Committee			
22. ALTERNATE DEPUTY TREASURER NAME <i>(State Central Committees ONLY)</i>					
First Name		MI	Last Name		Suffix
23. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS			24. ALTERNATE DEPUTY TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
25. ALTERNATE DEPUTY TREASURER TELEPHONE <i>(Include Area Code)</i>		26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS			
27. DEPOSITORY INSTITUTION NAME					
Liberty Bank					
28. DEPOSITORY INSTITUTION ADDRESS					
Address 26 East Hampton Road, Marlborough, CT 06447					
29. CERTIFICATION					
Chairperson					
<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 to such position.</p>					
Elisabeth E Gorgoglione _____ CHAIRPERSON SIGNATURE				03/12/2020 _____ DATE (mm/dd/yyyy)	
Treasurer					
<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 certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.</p> <p>I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.</p> <p>I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.</p> <p>I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.</p>					
Patrick A Pabouet _____ TREASURER SIGNATURE				03/12/2020 _____ DATE (mm/dd/yyyy)	

