

# SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

## Party Committee Registration

Revised January 2016



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Received by SEEC

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<b>REGISTRATION TYPE</b> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		<b>1. COMMITTEE NAME</b> <b>Marlborough Republican Town Committee</b>			<b>2. ACRONYM</b> MRTC	
<b>3. SUBTYPE OF COMMITTEE</b> <input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee			<b>4. PARTY AFFILIATION</b> <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democrat <input type="checkbox"/> Other (Specify) _____			
<b>5. COMMITTEE ADDRESS</b>			<b>6. COMMITTEE EMAIL &amp; WEBSITE</b>			
Address 47 Roberts Rd			Email Address lizgorgs@gmail.com			
City Marlborough		State CT	Zip Code 06447	Website www.marlgop.com		
<b>7. CHAIRPERSON NAME</b>						
First Name Elisabeth		MI E	Last Name Gorgoglione		Suffix	
<b>8. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>9. CHAIRPERSON MAILING ADDRESS (If different)</b>			
Street Address 47 Roberts Rd			Address			
City Marlborough		State CT	Zip Code 06447	City	State Zip Code	
<b>10. CHAIRPERSON TELEPHONE</b> (Include Area Code) 860 966 0050			<b>11. CHAIRPERSON EMAIL ADDRESS</b> lizgorgs@gmail.com			
<b>12. TREASURER NAME</b>						
First Name Kerri		MI	Last Name Barella		Suffix	
<b>13. TREASURER RESIDENCE ADDRESS</b>			<b>14. TREASURER MAILING ADDRESS (If different)</b>			
Street Address 16 Hidden Woods Dr			Address			
City Marlborough		State CT	Zip Code 06447	City	State Zip Code	
<b>15. TREASURER TELEPHONE</b> (Include Area Code) 609 234 4867			<b>16. TREASURER EMAIL ADDRESS</b> kerribarella@gmail.com			
<b>17. DEPUTY TREASURER NAME</b>						
First Name Kenneth		MI A	Last Name Hjulstrom		Suffix	
<b>18. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>19. DEPUTY TREASURER MAILING ADDRESS (If different)</b>			
Street Address 181 S Main St			Address			
City Marlborough		State CT	Zip Code 06447	City	State Zip Code	
<b>20. DEPUTY TREASURER TELEPHONE</b> (Include Area Code) 860 490 9116			<b>21. DEPUTY TREASURER EMAIL ADDRESS</b> 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		<b>Marlborough Republican Town Committee</b>			
<b>22. ALTERNATE DEPUTY TREASURER NAME</b> <i>(State Central Committees ONLY)</i>					
First Name		MI	Last Name		Suffix
<b>23. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>24. ALTERNATE DEPUTY TREASURER MAILING ADDRESS</b> <i>(If different)</i>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>25. ALTERNATE DEPUTY TREASURER TELEPHONE</b> <i>(Include Area Code)</i>		<b>26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS</b>			
<b>27. DEPOSITORY INSTITUTION NAME</b>					
Liberty Bank					
<b>28. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 26 East Hampton Road, Marlborough, CT 06447					
<b>29. CERTIFICATION</b>					
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			04/22/2022		
CHAIRPERSON SIGNATURE			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>					
Kerri Barella			04/22/2022		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

