

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			
Monroe Republican Town Committee							
3. COMMITTEE ADDRESS							
Address 111 Fan Hill Rd				City Monroe		State CT	Zip Code 06468
4. COMMITTEE E-MAIL ADDRESS				5. COMMITTEE WEB SITE ADDRESS			
monroegop@yahoo.com				www.monroectgop.org			
6. CHAIRPERSON NAME							
Prefix	First Elizabeth-Ann		MI	Last Edgerton		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS				8. CHAIRPERSON MAILING ADDRESS (if different)			
Street Address 111 Fan Hill Rd				Address			
City Monroe		State CT	Zip Code 06468	City		State	Zip Code
9. CHAIRPERSON TELEPHONE (Include Area Code)				10. CHAIRPERSON E-MAIL ADDRESS			
(203) 258 — 3354				elevate4@aol.com			
11. TREASURER NAME							
Prefix Mrs	First Deborah		MI E.	Last Heim		Suffix	
12. TREASURER RESIDENCE ADDRESS				13. TREASURER MAILING ADDRESS (if different)			
Street Address 111 Turkey Roost Rd				Address			
City Monroe		State CT	Zip Code 06468-1433	City		State	Zip Code
14. TREASURER TELEPHONE (Include Area Code)				15. TREASURER E-MAIL ADDRESS			
(203) 268 — 1072				debpothier@aol.com			
16. DEPUTY TREASURER-1 NAME							
Prefix	First Anthony		MI	Last Scott		Suffix	
17. DEPUTY TREASURER-1 RESIDENCE ADDRESS				18. DEPUTY TREASURER-1 MAILING ADDRESS			
Street Address 29 Pepperidge Rd				Address			
City Monroe		State CT	Zip Code 06468	City		State	Zip Code
19. DEPUTY TREASURER-1 TELEPHONE				20. DEPUTY TREASURER-1 E-MAIL ADDRESS			
(203) 640 — 0193				psu98alum@aol.com			

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
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**

Rev. 3/07

Page 2 of 2

Do Not Mark in This Space For
Official Use Only**REGISTRATION TYPE**

-
- INITIAL
-
-
- AMENDED

NAME OF COMMITTEE**Monroe Republican Town Committee****21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)**

Prefix	First	MI	Last	Suffix
--------	-------	----	------	--------

22. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS

Street Address		
City	State	Zip Code

23. ALTERNATE DEPUTY TREASURER MAILING ADDRESS (if different)

Address		
City	State	Zip Code

24. ALTERNATE DEPUTY TREASURER TELEPHONE

() —

25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS

--

26. DEPOSITORY INSTITUTION NAME

Bank of America

27. DEPOSITORY INSTITUTION ADDRESS

Address 461 Monroe Turnpike, Monroe, CT 06468		City	State	Zip Code
--	--	------	-------	----------

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.

Elizabeth-Ann Edgerton

02/28/2010

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.

Deborah E. Heim

02/25/2010

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.

Anthony Scott

02/25/2010

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)
 (STATE CENTRAL COMMITTEES ONLY)

DATE (mm/dd/yyyy)

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.