

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	
New Canaan Democratic Town Committee		NEW CANAAN DTC	
3. COMMITTEE ADDRESS			
Address PO Box 1294		City New Canaan	State CT
Zip Code 06840			
4. COMMITTEE E-MAIL ADDRESS		5. COMMITTEE WEB SITE ADDRESS	
charles.vanvleet@utc.com		newcanaandems.org	
6. CHAIRPERSON NAME			
Prefix	First Ginny	MI	Last Apy
Suffix			
7. CHAIRPERSON RESIDENCE ADDRESS		8. CHAIRPERSON MAILING ADDRESS (if different)	
Street Address 96 Harrison Ave		Address	
City New Canaan	State CT	Zip Code 06840	City
State CT		State	
Zip Code 06840		Zip Code	
9. CHAIRPERSON TELEPHONE (Include Area Code)		10. CHAIRPERSON E-MAIL ADDRESS	
(203) 966 — 1499		gapy96@yahoo.com	
11. TREASURER NAME			
Prefix	First Charles	MI C	Last Van Vleet
Suffix			
12. TREASURER RESIDENCE ADDRESS		13. TREASURER MAILING ADDRESS (if different)	
Street Address 104 Indian Waters Dr		Address	
City New Canaan	State CT	Zip Code 06840	City
State CT		State	
Zip Code 06840		Zip Code	
14. TREASURER TELEPHONE (Include Area Code)		15. TREASURER E-MAIL ADDRESS	
(203) 972 — 9153		charles.vanvleet@utc.com	
16. DEPUTY TREASURER-1 NAME			
Prefix	First	MI	Last
Suffix			
17. DEPUTY TREASURER-1 RESIDENCE ADDRESS		18. DEPUTY TREASURER-1 MAILING ADDRESS	
Street Address		Address	
City	State	Zip Code	City
State		State	
Zip Code		Zip Code	
19. DEPUTY TREASURER-1 TELEPHONE		20. DEPUTY TREASURER-1 E-MAIL ADDRESS	
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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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CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**

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NAME OF COMMITTEE**New Canaan Democratic Town Committee****21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)**

Prefix	First	MI	Last	Suffix
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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

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25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS**26. DEPOSITORY INSTITUTION NAME**

Bank of America

27. DEPOSITORY INSTITUTION ADDRESS

Address

PO Box 1294, New Canaan, CT 06840

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.

Ginny Apy

CHAIRPERSON (SIGNATURE)

04/10/2010

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.

Charles C Van Vleet

TREASURER (SIGNATURE)

04/10/2010

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.

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)

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