

**SEEC FORM 2**

**PARTY COMMITTEE REGISTRATION**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Rev. 3/07  
 Page 1 of 2



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 Official Use Only

<b>REGISTRATION TYPE</b>	
<input type="checkbox"/>	INITIAL
<input checked="" type="checkbox"/>	AMENDED

<b>1. NAME OF COMMITTEE</b>		<b>2. ACRONYM</b>	
New Milford Democratic Town Committee		NMDTC	
<b>3. COMMITTEE ADDRESS</b>			
Address 83 Park Lane Rd		City New Milford	State CT
		Zip Code 06776	
<b>4. COMMITTEE E-MAIL ADDRESS</b>		<b>5. COMMITTEE WEB SITE ADDRESS</b>	
attygarla@aol.com		newmilforddemocrats.org	
<b>6. CHAIRPERSON NAME</b>			
Prefix Mr	First Andy	MI D	Last Grossman
Suffix			
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>		<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>	
Street Address 13 Hilltop View Rd		Address	
City New Milford	State CT	Zip Code 06776	City
		State	
		Zip Code	
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>		<b>10. CHAIRPERSON E-MAIL ADDRESS</b>	
( 860 ) 915 — 0208		abgros@gmail.com	
<b>11. TREASURER NAME</b>			
Prefix Mr	First Paul	MI J	Last Garlasco
Suffix			
<b>12. TREASURER RESIDENCE ADDRESS</b>		<b>13. TREASURER MAILING ADDRESS (if different)</b>	
Street Address 83 Park Lane Rd		Address	
City New Milford	State CT	Zip Code 06776	City
		State	
		Zip Code	
<b>14. TREASURER TELEPHONE (Include Area Code)</b>		<b>15. TREASURER E-MAIL ADDRESS</b>	
( 860 ) 350 — 4409		attygarla@aol.com	
<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.*

**SEEC FORM 2****PARTY COMMITTEE REGISTRATION  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**

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- 
- INITIAL
- 
- 
- AMENDED

**NAME OF COMMITTEE****New Milford 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**

( ) —

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

Union Savings Bank

**27. DEPOSITORY INSTITUTION ADDRESS**

Address

4 East Street, New Milford, CT 06776

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.

Andy D Grossman

03/20/2014

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.

Paul J Garlasco

03/20/2014

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.

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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