

# SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

## Party Committee Registration

Revised January 2016



<b>REGISTRATION TYPE</b>		<b>1. COMMITTEE NAME</b>			<b>2. ACRONYM</b>	
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		North Canaan Democratic Town Committee			NCDTC	
<b>3. SUBTYPE OF COMMITTEE</b>			<b>4. PARTY AFFILIATION</b>			
<input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee			<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Other (Specify) _____			
<b>5. COMMITTEE ADDRESS</b>				<b>6. COMMITTEE EMAIL &amp; WEBSITE</b>		
Address PO Box 244				Email Address		
City Canaan		State CT	Zip Code 06018	Website		
<b>7. CHAIRPERSON NAME</b>						
First Name Todd		MI M	Last Name Shearer		Suffix	
<b>8. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>9. CHAIRPERSON MAILING ADDRESS (If different)</b>			
Street Address 54 Granite Ave			Address			
City North Canaan		State CT	Zip Code 06018	City	State    Zip Code	
<b>10. CHAIRPERSON TELEPHONE</b>			<b>11. CHAIRPERSON EMAIL ADDRESS</b>			
(Include Area Code) 860    824    4425			tshearer77@gmail.com			
<b>12. TREASURER NAME</b>						
First Name Kathryn		MI M	Last Name Elliott		Suffix	
<b>13. TREASURER RESIDENCE ADDRESS</b>			<b>14. TREASURER MAILING ADDRESS (If different)</b>			
Street Address 85 S Canaan Rd Apt 7			Address 85 S Canaan Rd Apt 7			
City Canaan		State CT	Zip Code 06018	City North Canaan	State    Zip Code CT    06018	
<b>15. TREASURER TELEPHONE</b>			<b>16. TREASURER EMAIL ADDRESS</b>			
(Include Area Code) 860    824    7172			kathryn-elliott@att.net			
<b>17. DEPUTY TREASURER NAME</b>						
First Name Gina		MI M	Last Name Terwilliger		Suffix	
<b>18. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>19. DEPUTY TREASURER MAILING ADDRESS (If different)</b>			
Street Address 66 Bragg St			Address 66 Bragg St			
City Canaan		State CT	Zip Code 06018	City North Canaan	State    Zip Code CT    06018	
<b>20. DEPUTY TREASURER TELEPHONE</b>			<b>21. DEPUTY TREASURER EMAIL ADDRESS</b>			
(Include Area Code) 860    309    0738			ginaterwilliger@yahoo.com			

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>North Canaan Democratic 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>					
Salisbury Bank & Trust					
<b>28. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 100 Main Street, Canaan, CT 06018					
<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>					
Todd M Shearer			03/28/2016		
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>					
Kathryn M Elliott			03/29/2016		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

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REGISTRATION TYPE	COMMITTEE NAME
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment	<b>North Canaan Democratic Town Committee</b>

## 29. CERTIFICATION *continued*

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the 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. In the event I am the deputy treasurer of a state central committee which has appointed an alternate deputy treasurer and there is a vacancy in treasurer, I shall automatically become jointly and severally responsible with the state central committee's other deputy treasurer for discharging all of the duties required of the vacating treasurer. 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.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

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.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

Gina M Terwilliger

DEPUTY TREASURER SIGNATURE

03/28/2016

DATE (mm/dd/yyyy)

Alternate Deputy Treasurer—*State Central Committees ONLY*

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 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 central committee's other deputy treasurer for discharging all of the duties required of the vacating treasurer. 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.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

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.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

\_\_\_\_\_  
ALTERNATE DEPUTY TREASURER SIGNATURE—*State Central Committees ONLY*

\_\_\_\_\_  
DATE (mm/dd/yyyy)