

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		
Old Lyme Republican Town Committee			OLRTC		
3. COMMITTEE ADDRESS					
Address PO Box 42			City Old Lyme	State CT	Zip Code 06371
4. COMMITTEE E-MAIL ADDRESS			5. COMMITTEE WEB SITE ADDRESS		
6. CHAIRPERSON NAME					
Prefix	First	MI	Last	Suffix	
	John		Bysko		
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (if different)		
Street Address 41-1 Lantern Ln			Address		
City Old Lyme	State CT	Zip Code 06371	City	State	Zip Code
9. CHAIRPERSON TELEPHONE (Include Area Code)			10. CHAIRPERSON E-MAIL ADDRESS		
(860) 434 — 3632			JBCFPC@sbcglobal.net		
11. TREASURER NAME					
Prefix	First	MI	Last	Suffix	
Mr	Timothy	C.	Griswold		
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (if different)		
Street Address 13-1 Griswold Pt			Address		
City Old Lyme	State CT	Zip Code 06371	City	State	Zip Code
14. TREASURER TELEPHONE (Include Area Code)			15. TREASURER E-MAIL ADDRESS		
(860) 662 — 4001			timothygriswold@yahoo.com		
16. DEPUTY TREASURER-1 NAME					
Prefix	First	MI	Last	Suffix	
	Clifford	S	Johnson		
17. DEPUTY TREASURER-1 RESIDENCE ADDRESS			18. DEPUTY TREASURER-1 MAILING ADDRESS		
Street Address 15B Lyme St			Address		
City Old Lyme	State CT	Zip Code 06371	City	State	Zip Code
19. DEPUTY TREASURER-1 TELEPHONE			20. DEPUTY TREASURER-1 E-MAIL ADDRESS		
(860) 434 — 9508			cxlxix@att.net		

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**
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Page 2 of 2

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-
- INITIAL
-
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NAME OF COMMITTEE**Old Lyme Republican 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**

Essex Savings Bank

27. DEPOSITORY INSTITUTION ADDRESSAddress City State Zip Code
101 Halls Road, Old Lyme, Ct 06371**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.

John Bysko 05/10/2012

 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.

Timothy C. Griswold 05/10/2012

 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.

Clifford S Johnson 05/10/2012

 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) DATE (mm/dd/yyyy)
 (STATE CENTRAL COMMITTEES ONLY)

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