

**SEEC FORM 2**

**PARTY COMMITTEE REGISTRATION**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Rev. 3/07  
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**REGISTRATION TYPE**

- INITIAL  
 AMENDED

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>			
Sharon Democratic Town Committee				SDTC			
<b>3. COMMITTEE ADDRESS</b>							
Address PO Box 373				City Sharon		State CT	Zip Code 06069
<b>4. COMMITTEE E-MAIL ADDRESS</b>				<b>5. COMMITTEE WEB SITE ADDRESS</b>			
<b>6. CHAIRPERSON NAME</b>							
Prefix	First Thomas		MI H.	Last Bartram		Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>				<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>			
Street Address 9 Rolling Hills Rd				Address PO Box 234			
City Sharon		State CT	Zip Code 06069	City Sharon		State CT	Zip Code 06069
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>				<b>10. CHAIRPERSON E-MAIL ADDRESS</b>			
( 860 ) 364 — 5124				thbartram@snet.net			
<b>11. TREASURER NAME</b>							
Prefix	First Harding		MI	Last Bancroft		Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>				<b>13. TREASURER MAILING ADDRESS (if different)</b>			
Street Address 178 Knibloe Hill Rd				Address			
City Sharon		State CT	Zip Code 06069	City		State	Zip Code
<b>14. TREASURER TELEPHONE (Include Area Code)</b>				<b>15. TREASURER E-MAIL ADDRESS</b>			
( 860 ) 364 — 0699				hfbancroft@comcast.net			
<b>16. DEPUTY TREASURER-1 NAME</b>							
Prefix	First Eliza		MI K.	Last Klose		Suffix	
<b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>				<b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>			
Street Address 178 Knibloe Hill Rd				Address			
City Sharon		State CT	Zip Code 06069	City		State	Zip Code
<b>19. DEPUTY TREASURER-1 TELEPHONE</b>				<b>20. DEPUTY TREASURER-1 E-MAIL ADDRESS</b>			
( 860 ) 364 — 0699				ekk2930@verizon.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.*

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- 
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<b>NAME OF COMMITTEE</b>					
Sharon Democratic Town Committee					
<b>21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)</b>					
Prefix	First	MI	Last	Suffix	
<b>22. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>23. ALTERNATE DEPUTY TREASURER MAILING ADDRESS (if different)</b>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>24. ALTERNATE DEPUTY TREASURER TELEPHONE</b>		<b>25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS</b>			
(       )       —					
<b>26. DEPOSITORY INSTITUTION NAME</b>					
Union Savings Bank					
<b>27. DEPOSITORY INSTITUTION ADDRESS</b>					
Address			City	State	Zip Code
4 Gay Street, Sharon, CT 06069					
<b>28. SUBTYPE OF COMMITTEE</b>		<b>29. PARTY DESIGNATION</b>			
<input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee		<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other _____			
<b>30. CERTIFICATION</b>					
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.					
			Thomas H. Bartram	05/26/2011	
			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.					
			Harding Bancroft	05/19/2011	
			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.					
			Eliza K. Klose	05/19/2011	
			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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