

SEEC FORM 2

PARTY COMMITTEE REGISTRATION
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 3/07
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Do Not Mark in This Space For
 Official Use Only

REGISTRATION TYPE

- INITIAL
 AMENDED

1. NAME OF COMMITTEE			2. ACRONYM		
Stafford Democratic Town Committee					
3. COMMITTEE ADDRESS					
Address 64 Stafford St			City Stafford Springs	State CT	Zip Code 06076
4. COMMITTEE E-MAIL ADDRESS			5. COMMITTEE WEB SITE ADDRESS		
6. CHAIRPERSON NAME					
Prefix Mr	First Ronald	MI C.	Last Houle	Suffix II	
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (if different)		
Street Address 64 Stafford St			Address PO Box 342		
City Stafford Springs	State CT	Zip Code 06076	City Stafford Springs	State CT	Zip Code 06076
9. CHAIRPERSON TELEPHONE (Include Area Code)			10. CHAIRPERSON E-MAIL ADDRESS		
(860) 684 — 9742			americangeneral@snet.net		
11. TREASURER NAME					
Prefix Mrs	First Nancy	MI	Last Neff	Suffix	
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (if different)		
Street Address 41 Lakeshore Blvd			Address		
City Stafford Springs	State CT	Zip Code 06076	City	State	Zip Code
14. TREASURER TELEPHONE (Include Area Code)			15. TREASURER E-MAIL ADDRESS		
(860) 268 — 6131			neffn@ymail.com		
16. DEPUTY TREASURER-1 NAME					
Prefix	First Christopher	MI M	Last Grohs	Suffix	
17. DEPUTY TREASURER-1 RESIDENCE ADDRESS			18. DEPUTY TREASURER-1 MAILING ADDRESS		
Street Address 38 Edgewood St			Address		
City Stafford	State CT	Zip Code 06076	City	State	Zip Code
19. DEPUTY TREASURER-1 TELEPHONE			20. DEPUTY TREASURER-1 E-MAIL ADDRESS		
(860) 670 — 1882			christopher.grohs@gmail.com		

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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-
- INITIAL
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-
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NAME OF COMMITTEE					
Stafford Democratic Town Committee					
21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)					
Prefix	First	MI	Last	Suffix	
22. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS			23. ALTERNATE DEPUTY TREASURER MAILING ADDRESS (if different)		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
24. ALTERNATE DEPUTY TREASURER TELEPHONE		25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS			
() —					
26. DEPOSITORY INSTITUTION NAME					
Stafford Savings Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address			City	State	Zip Code
2 Furnace Avenue, Stafford Springs, CT 06076					
28. SUBTYPE OF COMMITTEE		29. PARTY DESIGNATION			
<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 _____			
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.					
			Ronald C. Houle	03/06/2014	
			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.					
			Nancy Neff	03/13/2014	
			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.					
			Christopher M Grohs	03/06/2014	
			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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