

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			
Stratford Republican Town Committee							
3. COMMITTEE ADDRESS							
Address PO Box 136				City Stratford		State CT	Zip Code 06615
4. COMMITTEE E-MAIL ADDRESS				5. COMMITTEE WEB SITE ADDRESS			
6. CHAIRPERSON NAME							
Prefix	First Joseph		MI G	Last Crudo		Suffix Jr	
7. CHAIRPERSON RESIDENCE ADDRESS				8. CHAIRPERSON MAILING ADDRESS (if different)			
Street Address 725 Stratford Rd				Address			
City Stratford		State CT	Zip Code 06615	City		State	Zip Code
9. CHAIRPERSON TELEPHONE (Include Area Code)				10. CHAIRPERSON E-MAIL ADDRESS			
(203) 377 — 2758				coachcruco@yahoo.com			
11. TREASURER NAME							
Prefix	First William		MI O.	Last Cabral		Suffix	
12. TREASURER RESIDENCE ADDRESS				13. TREASURER MAILING ADDRESS (if different)			
Street Address 1034 E Main St				Address			
City Stratford		State CT	Zip Code 06614	City		State	Zip Code
14. TREASURER TELEPHONE (Include Area Code)				15. TREASURER E-MAIL ADDRESS			
(203) 377 — 6903				bill36114@sbcglobal.net			
16. DEPUTY TREASURER-1 NAME							
Prefix	First Louis		MI A.	Last DeCilio		Suffix	
17. DEPUTY TREASURER-1 RESIDENCE ADDRESS				18. DEPUTY TREASURER-1 MAILING ADDRESS			
Street Address 160 Timber Ridge Rd				Address			
City Stratford		State CT	Zip Code 06614	City		State	Zip Code
19. DEPUTY TREASURER-1 TELEPHONE				20. DEPUTY TREASURER-1 E-MAIL ADDRESS			
(203) 243 — 3645				DeCilioGOP10@optonline.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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Page 2 of 2

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-
- INITIAL
-
-
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NAME OF COMMITTEE**Stratford 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

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26. DEPOSITORY INSTITUTION NAME

Peoples United

27. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
3395 Main Street, Stratford, CT 06614			

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.

Joseph G Crudo

07/21/2009

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.

William O. Cabral

07/21/2009

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.

Louis A. DeCilio

07/21/2009

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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