SEEC FORM 2

PARTY COMMITTEE REGISTRATION

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 3/07

Do Not Mark in This Space For Official Use Only

REGISTRATION TYPE

- ☐ INITIAL
- ☑ AMENDED

1. NAME OF COMMITTEE	2. ACRONYM
Tolland Republican Town Committee	TRTC

3. COMMITTEE ADDRESS

Address	City	State	Zip Code
PO Box 17	Tolland	CT	06084

4. COMMITTEE E-MAIL ADDRESS	5. COMMITTEE WEB SITE ADDRESS
tollandgop@gmail.com	www.tollandrepublicans.com

6. CHAIRPERSON NAME

Prefix	First	MI	Last	Suffix
	Laura	A G	Roberts	

7. CHAIRPERSON RESIDENCE ADDRESS / **8. CHAIRPERSON MAILING ADDRESS** *(if different)*

Street Address	Address
74 Nedwied Rd	

City	State	Zip Code	City	State	Zip Code
Tolland	CT	06084			

9. CHAIRPERSON TELEPHONE *(Include Area Code)*	10. CHAIRPERSON E-MAIL ADDRESS
(860) 896 — 1604	laroberts@comcast.net

11. TREASURER NAME

Prefix	First	MI	Last	Suffix
	Brendan		Marinan	

12. TREASURER RESIDENCE ADDRESS / **13. TREASURER MAILING ADDRESS** *(if different)*

Street Address	Address
367 Sugar Hill Rd	

City	State	Zip Code	City	State	Zip Code
Tolland	CT	06084			

14. TREASURER TELEPHONE *(Include Area Code)*	15. TREASURER E-MAIL ADDRESS
(860) 871 — 1277	bmarinan@sbcglobal.net

16. DEPUTY TREASURER-1 NAME

Prefix	First	MI	Last	Suffix

17. DEPUTY TREASURER-1 RESIDENCE ADDRESS / **18. DEPUTY TREASURER-1 MAILING ADDRESS**

Street Address	Address

City	State	Zip Code	City	State	Zip Code

19. DEPUTY TREASURER-1 TELEPHONE	20. DEPUTY TREASURER-1 E-MAIL ADDRESS
( ) —	

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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NAME OF COMMITTEE

Tolland Republican 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

First Niagara Bank

27. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
215 Merrow Road, Tolland, CT 06084			

28. SUBTYPE OF COMMITTEE	**29. PARTY DESIGNATION**
☑ Town Committee ☐ State Central Committee	☑ 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.

Laura A Gregory Roberts — CHAIRPERSON (SIGNATURE)

07/31/2015 — 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.

Brendan Marinan — TREASURER (SIGNATURE)

08/01/2015 — 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.

_____ — 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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