

**SEEC FORM 2**

**PARTY COMMITTEE REGISTRATION**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Rev. 3/07  
 Page 1 of 2



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**REGISTRATION TYPE**

- INITIAL  
 AMENDED

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>			
Vernon Democratic Town Committee							
<b>3. COMMITTEE ADDRESS</b>							
Address 11 Olive Dr		City Vernon		State CT		Zip Code 06066	
<b>4. COMMITTEE E-MAIL ADDRESS</b>				<b>5. COMMITTEE WEB SITE ADDRESS</b>			
				http://vernondemocrats.com			
<b>6. CHAIRPERSON NAME</b>							
Prefix	First William	MI	Last Dauphin	Suffix			
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>				<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>			
Street Address 11 Olive Dr				Address			
City Vernon		State CT		Zip Code 06066		City State Zip Code	
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>				<b>10. CHAIRPERSON E-MAIL ADDRESS</b>			
( 860 ) 871 — 5951				william.dauphin@comcast.net			
<b>11. TREASURER NAME</b>							
Prefix	First Dennis	MI J	Last Plevyak	Suffix			
<b>12. TREASURER RESIDENCE ADDRESS</b>				<b>13. TREASURER MAILING ADDRESS (if different)</b>			
Street Address 115 Echo Dr				Address			
City Vernon		State CT		Zip Code 06066		City State Zip Code	
<b>14. TREASURER TELEPHONE (Include Area Code)</b>				<b>15. TREASURER E-MAIL ADDRESS</b>			
( 860 ) 875 — 5643				plevyak@comcast.net			
<b>16. DEPUTY TREASURER-1 NAME</b>							
Prefix	First James	MI P.	Last Swicklas	Suffix			
<b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>				<b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>			
Street Address 15 Dobson Commons Cir				Address			
City Vernon		State CT		Zip Code 06066		City State Zip Code	
<b>19. DEPUTY TREASURER-1 TELEPHONE</b>				<b>20. DEPUTY TREASURER-1 E-MAIL ADDRESS</b>			
( 860 ) 871 — 2126				jpswicklas@yahoo.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.*

# SEEC FORM 2

## PARTY COMMITTEE REGISTRATION CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

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### REGISTRATION TYPE

- INITIAL  
 AMENDED

<b>NAME OF COMMITTEE</b>					
Vernon 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>					
Rockville Bank					
<b>27. DEPOSITORY INSTITUTION ADDRESS</b>					
Address			City	State	Zip Code
Route 83 at Pitkin Rd, Vernon CT 06066					
<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.					
			William Dauphin	07/24/2013	
			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.					
			Dennis J Plevyak	07/25/2013	
			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.					
			James P. Swicklas	07/25/2013	
			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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