

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							
Connecticut Republican Party											
3. COMMITTEE ADDRESS											
Address 31 Pratt St Fl 4		City Hartford		State CT		Zip Code 06103					
4. COMMITTEE E-MAIL ADDRESS				5. COMMITTEE WEB SITE ADDRESS							
schaffrick@ctgop.org				www.ctgop.org							
6. CHAIRPERSON NAME											
Prefix		First Joseph		MI R		Last Romano		Suffix Jr			
7. CHAIRPERSON RESIDENCE ADDRESS				8. CHAIRPERSON MAILING ADDRESS (if different)							
Street Address 49 Peddlers Dr				Address 31 Pratt St Ste 405							
City Branford		State CT		Zip Code 06405		City Hartford		State CT		Zip Code 06103	
9. CHAIRPERSON TELEPHONE (Include Area Code)				10. CHAIRPERSON E-MAIL ADDRESS							
(860) 422 — 8211				chairman@ctgop.org							
11. TREASURER NAME											
Prefix Mr		First Gary		MI		Last Schaffrick		Suffix			
12. TREASURER RESIDENCE ADDRESS				13. TREASURER MAILING ADDRESS (if different)							
Street Address 515 Emmett St # 14				Address 31 Pratt St Ste 405							
City Bristol		State CT		Zip Code 06010		City Hartford		State CT		Zip Code 06103	
14. TREASURER TELEPHONE (Include Area Code)				15. TREASURER E-MAIL ADDRESS							
(860) 422 — 8211				schaffrick@ctgop.org							
16. DEPUTY TREASURER-1 NAME											
Prefix		First Margaret		MI		Last Casasanta		Suffix			
17. DEPUTY TREASURER-1 RESIDENCE ADDRESS				18. DEPUTY TREASURER-1 MAILING ADDRESS							
Street Address 217 Whitewood Dr				Address 31 Pratt St Ste 405							
City Rocky Hill		State CT		Zip Code 06067		City Hartford		State CT		Zip Code 06103	
19. DEPUTY TREASURER-1 TELEPHONE				20. DEPUTY TREASURER-1 E-MAIL ADDRESS							
(860) 422 — 8211				mmcas1994@sbcglobal.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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NAME OF COMMITTEE					
Connecticut Republican Party					
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					
27. DEPOSITORY INSTITUTION ADDRESS					
Address 1157 Highland Avenue, Cheshire, CT 06410			City	State	Zip Code
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. Joseph R Romano CHAIRPERSON (SIGNATURE) 08/10/2015 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. Gary Schaffrick TREASURER (SIGNATURE) 08/10/2015 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. Margaret Casasanta DEPUTY TREASURER (SIGNATURE) 08/10/2015 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 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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