

SEEC FORM 2

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



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 Official Use Only

REGISTRATION TYPE

- ☐ INITIAL
☒ AMENDED

1. NAME OF COMMITTEE				2. ACRONYM			
Connecticut Republican Party							
3. COMMITTEE ADDRESS							
Address 31 Pratt St Ste 405				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	
7. CHAIRPERSON RESIDENCE ADDRESS				8. CHAIRPERSON MAILING ADDRESS (if different)			
Street Address 123 Florence Rd # 2C				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	First Gary		MI M	Last Schaffrick		Suffix	
12. TREASURER RESIDENCE ADDRESS				13. TREASURER MAILING ADDRESS (if different)			
Street Address 515-14 Emmett St				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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- ☐ INITIAL
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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. <u>Joseph R Romano</u> CHAIRPERSON (SIGNATURE) <u>08/25/2015</u> 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. <u>Gary M Schaffrick</u> TREASURER (SIGNATURE) <u>08/25/2015</u> 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. <u>Margaret Casasanta</u> DEPUTY TREASURER (SIGNATURE) <u>08/31/2015</u> 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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