

**SEEC FORM 2**

**PARTY COMMITTEE REGISTRATION**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Rev. 3/07  
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 Official Use Only

|                                     |         |
|-------------------------------------|---------|
| <b>REGISTRATION TYPE</b>            |         |
| <input type="checkbox"/>            | INITIAL |
| <input checked="" type="checkbox"/> | AMENDED |

|   |                 |             |                   |  |  |             |                        |
|---|-----------------|-------------|-------------------|--|--|-------------|------------------------|
| <b>1. NAME OF COMMITTEE</b>                         |                 |             |                   | <b>2. ACRONYM</b>                                    |  |             |                        |
| Lebanon Republican Town Committee                   |                 |             |                   |  |  |             |                        |
| <b>3. COMMITTEE ADDRESS</b>                         |                 |             |                   |  |  |             |                        |
| Address<br>21 BRROKVIEW DR                          |                 |             |                   | City<br>LEBANON                                      |  | State<br>CT | Zip Code<br>06249-2643 |
| <b>4. COMMITTEE E-MAIL ADDRESS</b>                  |                 |             |                   | <b>5. COMMITTEE WEB SITE ADDRESS</b>                 |  |             |                        |
|   |                 |             |                   |  |  |             |                        |
| <b>6. CHAIRPERSON NAME</b>                          |                 |             |                   |  |  |             |                        |
| Prefix  | First<br>Linda  |             | MI<br>R.          | Last<br>Finelli                                      |  | Suffix      |                        |
| <b>7. CHAIRPERSON RESIDENCE ADDRESS</b>             |                 |             |                   | <b>8. CHAIRPERSON MAILING ADDRESS (if different)</b> |  |             |                        |
| Street Address<br>487 KICK HILL RD                  |                 |             |                   | Address  |  |             |                        |
| City<br>LEBANON                                     |                 | State<br>CT | Zip Code<br>06249 | City   |  | State       | Zip Code               |
| <b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b> |                 |             |                   | <b>10. CHAIRPERSON E-MAIL ADDRESS</b>                |  |             |                        |
| ( 860 ) 642 — 6241                                  |                 |             |                   |  |  |             |                        |
| <b>11. TREASURER NAME</b>                           |                 |             |                   |  |  |             |                        |
| Prefix<br>Mr  | First<br>Philip |             | MI<br>R           | Last<br>Johnson                                      |  | Suffix      |                        |
| <b>12. TREASURER RESIDENCE ADDRESS</b>              |                 |             |                   | <b>13. TREASURER MAILING ADDRESS (if different)</b>  |  |             |                        |
| Street Address<br>21 BROOKVIEW DR                   |                 |             |                   | Address  |  |             |                        |
| City<br>LEBANON                                     |                 | State<br>CT | Zip Code<br>06249 | City   |  | State       | Zip Code               |
| <b>14. TREASURER TELEPHONE (Include Area Code)</b>  |                 |             |                   | <b>15. TREASURER E-MAIL ADDRESS</b>                  |  |             |                        |
| ( 860 ) 885 — 1431                                  |                 |             |                   | lynphil@snet.net                                     |  |             |                        |
| <b>16. DEPUTY TREASURER-1 NAME</b>                  |                 |             |                   |  |  |             |                        |
| Prefix  | First<br>Keith  |             | MI                | Last<br>Worthington                                  |  | Suffix      |                        |
| <b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>     |                 |             |                   | <b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>        |  |             |                        |
| Street Address<br>520 TRUMBULL HWY                  |                 |             |                   | Address  |  |             |                        |
| City<br>LEBANON                                     |                 | State<br>CT | Zip Code<br>06249 | City   |  | State       | Zip Code               |
| <b>19. DEPUTY TREASURER-1 TELEPHONE</b>             |                 |             |                   | <b>20. DEPUTY TREASURER-1 E-MAIL ADDRESS</b>         |  |             |                        |
| ( 860 ) 642 — 6563                                  |                 |             |                   |  |  |             |                        |

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- 
- INITIAL
- 
- 
- AMENDED

**NAME OF COMMITTEE****Lebanon Republican Town Committee****21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)**

|        |       |    |      |        |
|--------|-------|----|------|--------|
| Prefix | First | MI | Last | Suffix |
|--------|-------|----|------|--------|

**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**

|       |
|-------|
| ( ) — |
|-------|

**25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS**

|  |
|--|
|  |
|--|

**26. DEPOSITORY INSTITUTION NAME**

The Savings Institute

**27. DEPOSITORY INSTITUTION ADDRESS**

|                                    |  |      |       |          |
|------------------------------------|--|------|-------|----------|
| Address                            |  | City | State | Zip Code |
| 554 Exeter Road, Lebanon, CT 06249 |  |      |       |          |

**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.

Linda R. Finelli

07/21/2007

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.

Philip R Johnson

07/19/2007

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.

Keith Worthington

07/19/2007

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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