

SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

Party Committee Registration

Revised January 2016



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|---|--|-----------------------------------|--|--|--------|-------------------|----------|
| REGISTRATION TYPE | | 1. COMMITTEE NAME | | | | 2. ACRONYM | |
| <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment | | Green Party Of Connecticut | | | | | |
| 3. SUBTYPE OF COMMITTEE | | | 4. PARTY AFFILIATION | | | | |
| <input type="checkbox"/> Town Committee <input checked="" type="checkbox"/> State Central Committee | | | <input type="checkbox"/> Republican <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Other (Specify) <u>Green Party</u> | | | | |
| 5. COMMITTEE ADDRESS | | | | 6. COMMITTEE EMAIL & WEBSITE | | | |
| Address PO Box 231214 | | | | Email Address ctgreenparty@gmail.com | | | |
| City Hartford | | State CT | Zip Code 06123 | Website ctgreenparty.org | | | |
| 7. CHAIRPERSON NAME | | | | | | | |
| First Name Peter | | MI | Last Name Goselin | | Suffix | | |
| 8. CHAIRPERSON RESIDENCE ADDRESS | | | | 9. CHAIRPERSON MAILING ADDRESS (If different) | | | |
| Street Address 57 Saint James St | | | | Address | | | |
| City West Hartford | | State CT | Zip Code 06119 | City | | State | Zip Code |
| 10. CHAIRPERSON TELEPHONE | | | 11. CHAIRPERSON EMAIL ADDRESS | | | | |
| (Include Area Code) 860 580 9675 | | | pdgoselin@gmail.com | | | | |
| 12. TREASURER NAME | | | | | | | |
| First Name Robert | | MI | Last Name Stuller | | Suffix | | |
| 13. TREASURER RESIDENCE ADDRESS | | | | 14. TREASURER MAILING ADDRESS (If different) | | | |
| Street Address 19 Evergreen Ave | | | | Address | | | |
| City New London | | State CT | Zip Code 06320 | City | | State | Zip Code |
| 15. TREASURER TELEPHONE | | | 16. TREASURER EMAIL ADDRESS | | | | |
| (Include Area Code) 860 271 9135 | | | bob@stuller.org | | | | |
| 17. DEPUTY TREASURER NAME | | | | | | | |
| First Name David | | MI | Last Name Bedell | | Suffix | | |
| 18. DEPUTY TREASURER RESIDENCE ADDRESS | | | | 19. DEPUTY TREASURER MAILING ADDRESS (If different) | | | |
| Street Address 381 Long Hill Rd | | | | Address | | | |
| City Wallingford | | State CT | Zip Code 06492 | City | | State | Zip Code |
| 20. DEPUTY TREASURER TELEPHONE | | | 21. DEPUTY TREASURER EMAIL ADDRESS | | | | |
| (Include Area Code) 203 581 3193 | | | dbedellgreen@hotmail.com | | | | |

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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| REGISTRATION TYPE | | COMMITTEE NAME | | | |
|--|-------|---|---|-------|----------|
| <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment | | Green Party Of Connecticut | | | |
| 22. ALTERNATE DEPUTY TREASURER NAME <i>(State Central Committees ONLY)</i> | | | | | |
| First Name | | MI | Last Name | | Suffix |
| Christopher | | P. | Reilly | | |
| 23. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS | | | 24. ALTERNATE DEPUTY TREASURER MAILING ADDRESS <i>(If different)</i> | | |
| Street Address | | | Address | | |
| 16 Rosemary Ct | | | | | |
| City | State | Zip Code | City | State | Zip Code |
| West Hartford | CT | 06110 | | | |
| 25. ALTERNATE DEPUTY TREASURER TELEPHONE | | 26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS | | | |
| <i>(Include Area Code)</i> | | | | | |
| 860 944 8089 | | cpr101@hotmail.com | | | |
| 27. DEPOSITORY INSTITUTION NAME | | | | | |
| Charter Oa Federal Credit Union | | | | | |
| 28. DEPOSITORY INSTITUTION ADDRESS | | | | | |
| Address | | | | | |
| 3 Boston Post Road, Waterford, CT 06385 | | | | | |
| 29. CERTIFICATION | | | | | |
| Chairperson | | | | | |
| <p>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 to such position.</p> | | | | | |
| Peter Goselin | | | 05/22/2019 | | |
| CHAIRPERSON SIGNATURE | | | DATE (mm/dd/yyyy) | | |
| Treasurer | | | | | |
| <p>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 certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.</p> | | | | | |
| <p>I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.</p> | | | | | |
| <p>I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.</p> | | | | | |
| <p>I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.</p> | | | | | |
| Robert Stuller | | | 05/26/2019 | | |
| TREASURER SIGNATURE | | | DATE (mm/dd/yyyy) | | |

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| REGISTRATION TYPE | COMMITTEE NAME |
|--|-----------------------------------|
| <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment | Green Party Of Connecticut |

29. CERTIFICATION *continued*

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the 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. In the event I am the deputy treasurer of a state central committee which has appointed an alternate deputy treasurer and there is a vacancy in treasurer, I shall automatically become jointly and severally responsible with the state central committee's other deputy treasurer for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

David Bedell

DEPUTY TREASURER SIGNATURE

05/26/2019

DATE (mm/dd/yyyy)

Alternate Deputy Treasurer—*State Central Committees ONLY*

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 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 central committee's other deputy treasurer for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

Christopher P. Reilly

ALTERNATE DEPUTY TREASURER SIGNATURE—*State Central Committees ONLY*

05/26/2019

DATE (mm/dd/yyyy)