

SEEC FORM 2

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

REGISTRATION TYPE

- INITIAL
 AMENDED

1. NAME OF COMMITTEE		2. ACRONYM			
One New London					
3. COMMITTEE ADDRESS					
Address 881 OCEAN AVE		City NEW LONDON		State CT	Zip Code 06320
4. COMMITTEE E-MAIL ADDRESS			5. COMMITTEE WEB SITE ADDRESS		
tomlacey@yahoo.com			1nl.org		
6. CHAIRPERSON NAME					
Prefix	First Michael		MI F	Last Mansfield	Suffix
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (if different)		
Street Address 881 OCEAN AVE			Address		
City NEW LONDON	State CT	Zip Code 06320	City	State	Zip Code
9. CHAIRPERSON TELEPHONE (Include Area Code)			10. CHAIRPERSON E-MAIL ADDRESS		
(860) 444 — 1227					
11. TREASURER NAME					
Prefix	First Eric		MI	Last Parnes	Suffix
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (if different)		
Street Address 80 ADMIRAL DR			Address		
City NEW LONDON	State CT	Zip Code 06320	City	State	Zip Code
14. TREASURER TELEPHONE (Include Area Code)			15. TREASURER E-MAIL ADDRESS		
(860) 444 — 2026			parnes2@gmail.com		
16. DEPUTY TREASURER-1 NAME					
Prefix	First		MI	Last	Suffix
17. DEPUTY TREASURER-1 RESIDENCE ADDRESS			18. DEPUTY TREASURER-1 MAILING ADDRESS		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
19. DEPUTY TREASURER-1 TELEPHONE			20. DEPUTY TREASURER-1 E-MAIL ADDRESS		
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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
-
-
- AMENDED

NAME OF COMMITTEE**One New London****21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)**

Prefix	First	MI	Last	Suffix
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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

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25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS**26. DEPOSITORY INSTITUTION NAME**

Liberty Bank

27. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
165 Boston Post Road, Waterford, CT 06375			

28. SUBTYPE OF COMMITTEE
 Town Committee State Central Committee
29. PARTY DESIGNATION
 Republican Democratic Other One New London
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.

Michael F Mansfield01/06/2008

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.

Eric Parnes01/18/2008

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.

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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