

SEEC FORM 2

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



Do Not Mark in This Space For
Official Use Only

REGISTRATION TYPE

- INITIAL
 AMENDED

1. NAME OF COMMITTEE		2. ACRONYM		
Simsbury Citizens First				
3. COMMITTEE ADDRESS				
Address 119 E Weatogue St		City Simsbury	State CT	Zip Code 06070
4. COMMITTEE E-MAIL ADDRESS		5. COMMITTEE WEB SITE ADDRESS		
6. CHAIRPERSON NAME				
Prefix	First William	MI	Last Walsh	Suffix
7. CHAIRPERSON RESIDENCE ADDRESS		8. CHAIRPERSON MAILING ADDRESS (if different)		
Street Address 202 Farms Village Rd		Address		
City West Simsbury	State CT	Zip Code 06092	City	State Zip Code
9. CHAIRPERSON TELEPHONE (Include Area Code)		10. CHAIRPERSON E-MAIL ADDRESS		
(860) 367 — 6507				
11. TREASURER NAME				
Prefix	First John	MI	Last Lilliquist	Suffix
12. TREASURER RESIDENCE ADDRESS		13. TREASURER MAILING ADDRESS (if different)		
Street Address 6 Caryn Ln		Address		
City Weatogue	State CT	Zip Code 06089	City	State Zip Code
14. TREASURER TELEPHONE (Include Area Code)		15. TREASURER E-MAIL ADDRESS		
(860) 651 — 8371				
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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Page 2 of 2

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NAME OF COMMITTEE					
Simsbury Citizens First					
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			
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26. DEPOSITORY INSTITUTION NAME					
Simsbury Bank & Trust					
27. DEPOSITORY INSTITUTION ADDRESS					
Address			City	State	Zip Code
981 Hopmeadow Street, Simsbury, CT 06070					
28. SUBTYPE OF COMMITTEE		29. PARTY DESIGNATION			
<input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee		<input type="checkbox"/> Republican <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Other_ <u>Simsbury Citizens First</u>			
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>William Walsh</u> CHAIRPERSON (SIGNATURE)	<u>09/25/2012</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>John Lilliquist</u> TREASURER (SIGNATURE)	<u>09/25/2012</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.					
			_____ 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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