

**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 checked="" type="checkbox"/>	INITIAL
<input type="checkbox"/>	AMENDED

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>			
New Milford First							
<b>3. COMMITTEE ADDRESS</b>							
Address 200 Chestutland Rd				City New Milford		State CT	Zip Code 06776
<b>4. COMMITTEE E-MAIL ADDRESS</b>				<b>5. COMMITTEE WEB SITE ADDRESS</b>			
eileenmonaghan09@gmail.com				www.newmilfordfirst.org			
<b>6. CHAIRPERSON NAME</b>							
Prefix	First Eileen		MI P	Last Monaghan		Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>				<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>			
Street Address 200 Chestnutland Rd				Address			
City New Milford		State CT	Zip Code 06776	City		State	Zip Code
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>				<b>10. CHAIRPERSON E-MAIL ADDRESS</b>			
( 860 ) 946 — 7040				eileenmonaghan09@gmail.com			
<b>11. TREASURER NAME</b>							
Prefix	First Howard		MI P	Last Lapidus		Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>				<b>13. TREASURER MAILING ADDRESS (if different)</b>			
Street Address 5 Brookview Ln				Address			
City New Milford		State CT	Zip Code 06776	City		State	Zip Code
<b>14. TREASURER TELEPHONE (Include Area Code)</b>				<b>15. TREASURER E-MAIL ADDRESS</b>			
( 860 ) 355 — 3870				hlapidus@charter.net			
<b>16. DEPUTY TREASURER-1 NAME</b>							
Prefix	First		MI	Last		Suffix	
<b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>				<b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>			
Street Address				Address			
City		State	Zip Code	City		State	Zip Code
<b>19. DEPUTY TREASURER-1 TELEPHONE</b>				<b>20. DEPUTY TREASURER-1 E-MAIL ADDRESS</b>			
( ) —							

*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.*

**SEEC FORM 2****PARTY COMMITTEE REGISTRATION**  
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- 
- INITIAL
- 
- 
- AMENDED

**NAME OF COMMITTEE****New Milford First****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**

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**26. DEPOSITORY INSTITUTION NAME**

Webster Bank

**27. DEPOSITORY INSTITUTION ADDRESS**

Address	City	State	Zip Code
19 Main Street, New Milford, Ct 06776			

**28. SUBTYPE OF COMMITTEE**
 Town Committee     State Central Committee
**29. PARTY DESIGNATION**
 Republican     Democratic     Other New Milford First
**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.

Eileen P Monaghan

10/27/2011

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.

Howard P Lapidus

10/27/2011

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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