

SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

Party Committee Registration

Revised January 2016



Received by SEEC
09/25/2025 04:34 PM

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REGISTRATION TYPE ☐ Initial ☒ Amendment		1. COMMITTEE NAME Coalition For Westport			2. ACRONYM CFW	
3. SUBTYPE OF COMMITTEE ☒ Town Committee ☐ State Central Committee			4. PARTY AFFILIATION ☐ Republican ☐ Democrat ☒ Other (Specify) <u>Coalition for Westport</u>			
5. COMMITTEE ADDRESS Address 20 Grove Point Rd City Westport State CT Zip Code 06880			6. COMMITTEE EMAIL & WEBSITE Email Address info@coalitionforwestport.org Website www.coalitionforwestport.org			
7. CHAIRPERSON NAME First Name Ron MI Last Name Corwin Suffix						
8. CHAIRPERSON RESIDENCE ADDRESS Street Address 20 Grove Point Rd City Westport State CT Zip Code 06880			9. CHAIRPERSON MAILING ADDRESS (If different) Address City State Zip Code			
10. CHAIRPERSON TELEPHONE (Include Area Code) 203 984 4623			11. CHAIRPERSON EMAIL ADDRESS ron@roncorwin.com			
12. TREASURER NAME First Name Michael MI Last Name Dinshaw Suffix						
13. TREASURER RESIDENCE ADDRESS Street Address 10 Sylvan Rd S City Westport State CT Zip Code 06880-46			14. TREASURER MAILING ADDRESS (If different) Address City State Zip Code			
15. TREASURER TELEPHONE (Include Area Code) 203 227 1895			16. TREASURER EMAIL ADDRESS michael.dinshaw@gmail.com			
17. DEPUTY TREASURER NAME First Name Glenn MI Last Name Payne Suffix						
18. DEPUTY TREASURER RESIDENCE ADDRESS Street Address 174A Post Rd W City Westport State CT Zip Code 06880			19. DEPUTY TREASURER MAILING ADDRESS (If different) Address City State Zip Code			
20. DEPUTY TREASURER TELEPHONE (Include Area Code) 203 856 4886			21. DEPUTY TREASURER EMAIL ADDRESS glenn@rivercoach.net			

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			
☐ Initial ☒ Amendment		Coalition For Westport			
22. ALTERNATE DEPUTY TREASURER NAME <i>(State Central Committees ONLY)</i>					
First Name		MI	Last Name		Suffix
23. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS			24. ALTERNATE DEPUTY TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
25. ALTERNATE DEPUTY TREASURER TELEPHONE		26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS			
<i>(Include Area Code)</i>					
27. DEPOSITORY INSTITUTION NAME					
Webster Bank					
28. DEPOSITORY INSTITUTION ADDRESS					
Address 244 Post Road East, Westport, CT 06880					
29. CERTIFICATION					
Chairperson					
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.					
Ron Corwin			09/25/2025		
CHAIRPERSON SIGNATURE			DATE (mm/dd/yyyy)		
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 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.					
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 treasurer by order of the State Elections Enforcement Commission.					
Michael Dinshaw			08/25/2025		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

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REGISTRATION TYPE	COMMITTEE NAME
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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.

Glenn Payne

DEPUTY TREASURER SIGNATURE

08/25/2025

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.

ALTERNATE DEPUTY TREASURER SIGNATURE—*State Central Committees ONLY*

DATE (mm/dd/yyyy)