

SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

Party Committee Registration

Revised January 2016



Received by SEEC

01/16/2024 01:45 PM

REGISTRATION TYPE <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		1. COMMITTEE NAME Andover Republican Town Committee			2. ACRONYM ARTC	
3. SUBTYPE OF COMMITTEE <input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee			4. PARTY AFFILIATION <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democrat <input type="checkbox"/> Other (Specify) _____			
5. COMMITTEE ADDRESS Address 17 School Rd City Andover State CT Zip Code 06232			6. COMMITTEE EMAIL & WEBSITE Email Address Website			
7. CHAIRPERSON NAME						
First Name Carol		MI W	Last Name Barton		Suffix	
8. CHAIRPERSON RESIDENCE ADDRESS Street Address 463 Lake Rd City Andover State CT Zip Code 06232			9. CHAIRPERSON MAILING ADDRESS (If different) Address PO Box 64 City Andover State CT Zip Code 06232			
10. CHAIRPERSON TELEPHONE (Include Area Code) 860 742 9829			11. CHAIRPERSON EMAIL ADDRESS carol.barton53@yahoo.com			
12. TREASURER NAME						
First Name Georgette		MI M	Last Name Conrad		Suffix	
13. TREASURER RESIDENCE ADDRESS Street Address 117 Lakeside Rd City Andover State CT Zip Code 06232			14. TREASURER MAILING ADDRESS (If different) Address City State Zip Code			
15. TREASURER TELEPHONE (Include Area Code) 860 742 8805			16. TREASURER EMAIL ADDRESS gconrad0519@aol.com			
17. DEPUTY TREASURER NAME						
First Name Jackalyn		MI L	Last Name Lanagan		Suffix	
18. DEPUTY TREASURER RESIDENCE ADDRESS Street Address 35 Center St Apt B City Andover State CT Zip Code 06232			19. DEPUTY TREASURER MAILING ADDRESS (If different) Address City State Zip Code			
20. DEPUTY TREASURER TELEPHONE (Include Area Code) 860 268 3552			21. DEPUTY TREASURER EMAIL ADDRESS jackalynlanagan@yahoo.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.

SEEC FORM 2

Revised January 2016

Page 2 of 3

REGISTRATION TYPE		COMMITTEE NAME			
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		Andover Republican Town Committee			
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 <i>(Include Area Code)</i>		26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS			
27. DEPOSITORY INSTITUTION NAME					
New Alliance Bank					
28. DEPOSITORY INSTITUTION ADDRESS					
Address P.O. Box 302, New Haven, CT 06502					
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>					
Carol W Barton			01/10/2024		
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>					
Georgette M Conrad			01/09/2024		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

