

SEEC FORM 2

PARTY COMMITTEE REGISTRATION
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 3/07
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Do Not Mark in This Space For
 Official Use Only

REGISTRATION TYPE	
<input checked="" type="checkbox"/>	INITIAL
<input type="checkbox"/>	AMENDED

1. NAME OF COMMITTEE		2. ACRONYM			
Killingworth Conservative		KC-KILLINGWORTH			
3. COMMITTEE ADDRESS					
Address 187 Schnoor Rd		City Killingworth		State CT	Zip Code 06419
4. COMMITTEE E-MAIL ADDRESS			5. COMMITTEE WEB SITE ADDRESS		
6. CHAIRPERSON NAME					
Prefix	First Blaine	MI G	Last Isakson	Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (if different)		
Street Address 19 Sunset Farm Rd			Address		
City Killingworth	State CT	Zip Code 06419	City	State	Zip Code
9. CHAIRPERSON TELEPHONE (Include Area Code)			10. CHAIRPERSON E-MAIL ADDRESS		
(860) 663 — 2636					
11. TREASURER NAME					
Prefix	First Christopher	MI D	Last Swiss	Suffix	
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (if different)		
Street Address 30 Pond Meadow Rd			Address		
City Killingworth	State CT	Zip Code 06419	City	State	Zip Code
14. TREASURER TELEPHONE (Include Area Code)			15. TREASURER E-MAIL ADDRESS		
() —					
16. DEPUTY TREASURER-1 NAME					
Prefix	First Deborah	MI M	Last Samperi	Suffix	
17. DEPUTY TREASURER-1 RESIDENCE ADDRESS			18. DEPUTY TREASURER-1 MAILING ADDRESS		
Street Address 154 Schnoor Rd			Address		
City Killingworth	State CT	Zip Code 06419	City	State	Zip Code
19. DEPUTY TREASURER-1 TELEPHONE			20. DEPUTY TREASURER-1 E-MAIL ADDRESS		
(860) 663 — 2714					

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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REGISTRATION TYPE

- INITIAL
 AMENDED

NAME OF COMMITTEE					
Killingworth Conservative					
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			
() —					
26. DEPOSITORY INSTITUTION NAME					
TD Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address			City	State	Zip Code
184 Route 81, Killingworth, CT 06419					
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_Killingworth Conservative			
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.					
			Blaine G Isakson	07/01/2015	
			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.					
			Christopher D Swiss	07/01/2015	
			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.					
			Deborah M Samperi	07/01/2015	
			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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