

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

- INITIAL
 AMENDED

1. NAME OF COMMITTEE		2. ACRONYM		
East Granby Democratic Town Committee		EGDTC		
3. COMMITTEE ADDRESS				
Address PO BOX 1078		City EAST GRANBY	State CT	Zip Code 06026
4. COMMITTEE E-MAIL ADDRESS		5. COMMITTEE WEB SITE ADDRESS		
egdte2007@gmail.com		www.eastgranbydems.com		
6. CHAIRPERSON NAME				
Prefix	First Michael	MI S	Last Malloy	Suffix
7. CHAIRPERSON RESIDENCE ADDRESS		8. CHAIRPERSON MAILING ADDRESS (if different)		
Street Address 149 SPOONVILLE RD		Address		
City EAST GRANBY	State CT	Zip Code 06026	City	State Zip Code
9. CHAIRPERSON TELEPHONE (Include Area Code)		10. CHAIRPERSON E-MAIL ADDRESS		
(860) 651 — 1895		mikemalloy07@gmail.com		
11. TREASURER NAME				
Prefix Ms	First Allison	MI M	Last McKeen	Suffix
12. TREASURER RESIDENCE ADDRESS		13. TREASURER MAILING ADDRESS (if different)		
Street Address 19 PINE WOOD RD		Address		
City EAST GRANBY	State CT	Zip Code 06026	City	State Zip Code
14. TREASURER TELEPHONE (Include Area Code)		15. TREASURER E-MAIL ADDRESS		
(860) 413 — 9808				
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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CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**

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-
- INITIAL
-
-
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NAME OF COMMITTEE**East Granby Democratic Town Committee****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**26. DEPOSITORY INSTITUTION NAME**

the First National Bank of Suffield

27. DEPOSITORY INSTITUTION ADDRESS

Address

P.O. Box 96, Suffield, CT 06078

City

State

Zip Code

28. SUBTYPE OF COMMITTEE
 Town Committee State Central Committee
29. PARTY DESIGNATION
 Republican Democratic Other _____
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.

Michael S Malloy

04/13/2008

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.

Allison M McKeen

04/13/2008

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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