

**SEEC FORM 2****PARTY COMMITTEE REGISTRATION  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**

Rev. 3/07

Page 1 of 2

Do Not Mark in This Space For  
Official Use Only**REGISTRATION TYPE**

- 
- INITIAL
- 
- 
- AMENDED

<b>1. NAME OF COMMITTEE</b>			<b>2. ACRONYM</b>		
Killingly Democratic Town Committee			KDTC		
<b>3. COMMITTEE ADDRESS</b>					
Address PO BOX 163			City BALLOUVILLE	State CT	Zip Code 06233
<b>4. COMMITTEE E-MAIL ADDRESS</b>			<b>5. COMMITTEE WEB SITE ADDRESS</b>		
killinglydemocrats@hotmail.com					
<b>6. CHAIRPERSON NAME</b>					
Prefix	First Mae	MI M.E	Last Flexer	Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>		
Street Address 98 REYNOLDS ST			Address		
City DANIELSON	State CT	Zip Code 06239	City	State	Zip Code
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>			<b>10. CHAIRPERSON E-MAIL ADDRESS</b>		
( 860 ) 208 — 0429			maeflexer@gmail.com		
<b>11. TREASURER NAME</b>					
Prefix	First Janice	MI L	Last Thurlow	Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (if different)</b>		
Street Address 600 CHESTNUT HL			Address PO BOX 163		
City BALLOUVILLE	State CT	Zip Code 06233	City BALLOUVILLE	State CT	Zip Code 06233
<b>14. TREASURER TELEPHONE (Include Area Code)</b>			<b>15. TREASURER E-MAIL ADDRESS</b>		
( 860 ) 428 — 6620			dozer@ct.metrocast.net		
<b>16. DEPUTY TREASURER-1 NAME</b>					
Prefix	First Jennifer	MI	Last Valys	Suffix	
<b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>			<b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>		
Street Address 1019 UPPER MAPLE ST			Address PO BOX 14		
City DAYVILLE	State CT	Zip Code 06241	City DAYVILLE	State CT	Zip Code 06241
<b>19. DEPUTY TREASURER-1 TELEPHONE</b>			<b>20. DEPUTY TREASURER-1 E-MAIL ADDRESS</b>		
( 860 ) 428 — 9769			jvalys@hotmail.com		

**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 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 3/07

Page 2 of 2



Do Not Mark in This Space For  
Official Use Only

### REGISTRATION TYPE

- INITIAL  
 AMENDED

<b>NAME OF COMMITTEE</b>					
<b>Killingly Democratic Town Committee</b>					
<b>21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)</b>					
Prefix	First	MI	Last	Suffix	
<b>22. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>23. ALTERNATE DEPUTY TREASURER MAILING ADDRESS (if different)</b>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>24. ALTERNATE DEPUTY TREASURER TELEPHONE</b>		<b>25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS</b>			
(       )       —					
<b>26. DEPOSITORY INSTITUTION NAME</b>					
Bank of America					
<b>27. DEPOSITORY INSTITUTION ADDRESS</b>					
Address			City	State	Zip Code
North Main Street, Dayville, CT 06241					
<b>28. SUBTYPE OF COMMITTEE</b>		<b>29. PARTY DESIGNATION</b>			
<input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee		<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other_____			
<b>30. CERTIFICATION</b>					
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.					
			Mae M.E. Flexer	04/30/2008	
			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.					
			Janice L Thurlow	04/30/2008	
			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.					
			Jennifer Valys	04/30/2008	
			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)	

**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.**