

**SEEC FORM 2**

**PARTY COMMITTEE REGISTRATION**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Rev. 3/07  
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 Official Use Only

**REGISTRATION TYPE**

- INITIAL  
 AMENDED

<b>1. NAME OF COMMITTEE</b>			<b>2. ACRONYM</b>		
Ellington Republican Town Committee			ERTC		
<b>3. COMMITTEE ADDRESS</b>					
Address PO Box 212			City Ellington	State CT	Zip Code 06029
<b>4. COMMITTEE E-MAIL ADDRESS</b>			<b>5. COMMITTEE WEB SITE ADDRESS</b>		
johnturneer3991@sbcglobal.net					
<b>6. CHAIRPERSON NAME</b>					
Prefix	First John	MI W	Last Turner	Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>		
Street Address 29 Fairview Ave			Address		
City Ellington	State CT	Zip Code 06029	City	State	Zip Code
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>			<b>10. CHAIRPERSON E-MAIL ADDRESS</b>		
( 860 ) 875 — 4851			johnturner3991@sbcglobal.net		
<b>11. TREASURER NAME</b>					
Prefix	First James	MI M.	Last Prichard	Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (if different)</b>		
Street Address 62 Main St			Address		
City Ellington	State CT	Zip Code 06029-3315	City	State	Zip Code
<b>14. TREASURER TELEPHONE (Include Area Code)</b>			<b>15. TREASURER E-MAIL ADDRESS</b>		
( 860 ) 305 — 3313			starhardware64@yahoo.com		
<b>16. DEPUTY TREASURER-1 NAME</b>					
Prefix	First Clayton	MI J	Last Bannock	Suffix	
<b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>			<b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>		
Street Address 67 1/2 Snipsic Lake Rd			Address		
City Ellington	State CT	Zip Code 06029	City	State	Zip Code
<b>19. DEPUTY TREASURER-1 TELEPHONE</b>			<b>20. DEPUTY TREASURER-1 E-MAIL ADDRESS</b>		
( 860 ) 896 — 1355			claytonbannock@sbcglobal.net		

*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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**NAME OF COMMITTEE****Ellington Republican 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**

( ) —

**25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS****26. DEPOSITORY INSTITUTION NAME**

Enfield Federal Savings

**27. DEPOSITORY INSTITUTION ADDRESS**Address City State Zip Code  
287 Somers Road, Ellington, CT 06029**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.

John W Turner 04/01/2014  
 \_\_\_\_\_  
 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.

James M. Prichard 04/01/2014  
 \_\_\_\_\_  
 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.

Clayton J Bannock 04/01/2014  
 \_\_\_\_\_  
 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) DATE (mm/dd/yyyy)  
 (STATE CENTRAL COMMITTEES ONLY)

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