

**SEEC FORM 2**

**PARTY COMMITTEE REGISTRATION**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Rev. 3/07  
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<b>REGISTRATION TYPE</b>	
<input type="checkbox"/>	INITIAL
<input checked="" type="checkbox"/>	AMENDED

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>			
Preston Democratic Town Committee							
<b>3. COMMITTEE ADDRESS</b>							
Address 54 Benjamin Rd				City Preston		State CT	Zip Code 06365
<b>4. COMMITTEE E-MAIL ADDRESS</b>				<b>5. COMMITTEE WEB SITE ADDRESS</b>			
prestonctc@yahoo.com				www.prestonctdemocrats.org			
<b>6. CHAIRPERSON NAME</b>							
Prefix	First Walter		MI E	Last Kornosewicz		Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>				<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>			
Street Address 54 Benjamin Rd				Address			
City Preston		State CT	Zip Code 06365	City		State	Zip Code
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>				<b>10. CHAIRPERSON E-MAIL ADDRESS</b>			
( 860 ) 886 — 4904				cedars54@comcast.net			
<b>11. TREASURER NAME</b>							
Prefix	First Gerald		MI W.	Last Grabarek		Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>				<b>13. TREASURER MAILING ADDRESS (if different)</b>			
Street Address 17 Hewitt Rd				Address			
City Preston		State CT	Zip Code 06365	City		State	Zip Code
<b>14. TREASURER TELEPHONE (Include Area Code)</b>				<b>15. TREASURER E-MAIL ADDRESS</b>			
( 860 ) 889 — 2418							
<b>16. DEPUTY TREASURER-1 NAME</b>							
Prefix	First Timothy		MI H.	Last Schulz		Suffix	
<b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>				<b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>			
Street Address 24 Roosevelt Avenue Ext				Address			
City Preston		State CT	Zip Code 06365	City		State	Zip Code
<b>19. DEPUTY TREASURER-1 TELEPHONE</b>				<b>20. DEPUTY TREASURER-1 E-MAIL ADDRESS</b>			
( 860 ) 885 — 0845							

*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

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### REGISTRATION TYPE

- INITIAL  
 AMENDED

### NAME OF COMMITTEE

Preston 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

( ) —

### 25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS

### 26. DEPOSITORY INSTITUTION NAME

Chelsea Groton Savings Bank

### 27. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
West Town Street, Norwich, CT 06360			

### 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.

Walter E Kornosewicz

04/26/2010

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.

Gerald W. Grabarek

04/19/2010

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.

Timothy H. Schulz

04/19/2010

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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