

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

| | | | | | |
|---|------------------|-------------------|--|-------------|-------------------|
| 1. NAME OF COMMITTEE | | | 2. ACRONYM | | |
| South Windsor Democratic Town Committee | | | SW DTC | | |
| 3. COMMITTEE ADDRESS | | | | | |
| Address 14-5 ARTHUR DR | | | City SOUTH WINDSOR | State CT | Zip Code 06074 |
| 4. COMMITTEE E-MAIL ADDRESS | | | 5. COMMITTEE WEB SITE ADDRESS | | |
| southwindsordems@cox.net | | | southwindsordems.org | | |
| 6. CHAIRPERSON NAME | | | | | |
| Prefix Mrs | First Joan | MI F. | Last Walsh | Suffix | |
| 7. CHAIRPERSON RESIDENCE ADDRESS | | | 8. CHAIRPERSON MAILING ADDRESS (if different) | | |
| Street Address 14-5 ARTHUR DR | | | Address | | |
| City SOUTH WINDSOR | State CT | Zip Code 06074 | City | State | Zip Code |
| 9. CHAIRPERSON TELEPHONE (Include Area Code) | | | 10. CHAIRPERSON E-MAIL ADDRESS | | |
| (860) 644 — 6000 | | | joan_red@sbcglobal.net | | |
| 11. TREASURER NAME | | | | | |
| Prefix | First Sue | MI W. | Last Larsen | Suffix | |
| 12. TREASURER RESIDENCE ADDRESS | | | 13. TREASURER MAILING ADDRESS (if different) | | |
| Street Address 350 DEMING ST | | | Address | | |
| City SOUTH WINDSOR | State CT | Zip Code 06074 | City | State | Zip Code |
| 14. TREASURER TELEPHONE (Include Area Code) | | | 15. TREASURER E-MAIL ADDRESS | | |
| (860) 644 — 8859 | | | sewL@sbcglobal.net | | |
| 16. DEPUTY TREASURER-1 NAME | | | | | |
| Prefix | First Roseann | MI | Last Williams | Suffix | |
| 17. DEPUTY TREASURER-1 RESIDENCE ADDRESS | | | 18. DEPUTY TREASURER-1 MAILING ADDRESS | | |
| Street Address 4 FONCINE LN | | | Address 4-5 FONCINE LN | | |
| City SOUTH WINDSOR | State CT | Zip Code 06074 | City SOUTH WINDSOR | State CT | Zip Code 06074 |
| 19. DEPUTY TREASURER-1 TELEPHONE | | | 20. DEPUTY TREASURER-1 E-MAIL ADDRESS | | |
| (860) 648 — 0044 | | | | | |

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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-
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NAME OF COMMITTEE**South Windsor Democratic Town Committee****21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)**

| | | | | |
|--------|-------|----|------|--------|
| Prefix | First | MI | Last | Suffix |
|--------|-------|----|------|--------|

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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| () — |
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25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS

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26. DEPOSITORY INSTITUTION NAME

Hartford Federal Credit Union

27. DEPOSITORY INSTITUTION ADDRESS

| | | | |
|--|------|-------|----------|
| Address | City | State | Zip Code |
| 1665 Ellington Road, South Windsor, Ct 06074 | | | |

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.

Joan F. Walsh

03/06/2008

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.

Sue W. Larsen

03/06/2008

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.

Roseann Williams

03/06/2008

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)

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