

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		
Thomaston Democratic Town Committee				
3. COMMITTEE ADDRESS				
Address PO Box 191		City Thomaston	State CT	Zip Code 06787
4. COMMITTEE E-MAIL ADDRESS		5. COMMITTEE WEB SITE ADDRESS		
6. CHAIRPERSON NAME				
Prefix	First David	MI	Last Kelly	Suffix
7. CHAIRPERSON RESIDENCE ADDRESS		8. CHAIRPERSON MAILING ADDRESS (if different)		
Street Address 405 Smith Rd		Address		
City Thomaston	State CT	Zip Code 06787	City	State Zip Code
9. CHAIRPERSON TELEPHONE (Include Area Code)		10. CHAIRPERSON E-MAIL ADDRESS		
(860) 283 — 2111				
11. TREASURER NAME				
Prefix	First Marie	MI	Last Galbraith	Suffix
12. TREASURER RESIDENCE ADDRESS		13. TREASURER MAILING ADDRESS (if different)		
Street Address 290 Walnut Hill Rd		Address		
City Thomaston	State CT	Zip Code 06787	City	State Zip Code
14. TREASURER TELEPHONE (Include Area Code)		15. TREASURER E-MAIL ADDRESS		
(860) 880 — 5047		m290galbraith@gmail.com		
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		
() —				

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					
Thomaston Democratic Town Committee					
21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)					
Prefix	First	MI	Last	Suffix	
22. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS			23. ALTERNATE DEPUTY TREASURER MAILING ADDRESS (if different)		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
24. ALTERNATE DEPUTY TREASURER TELEPHONE		25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS			
() —					
26. DEPOSITORY INSTITUTION NAME					
Thomaston Savings Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address			City	State	Zip Code
203 Main Street, Thomaston, CT 06787					
28. SUBTYPE OF COMMITTEE		29. PARTY DESIGNATION			
<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 _____			
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.					
			David Kelly	09/23/2013	
			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.					
			Marie Galbraith	09/23/2013	
			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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