

# SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

## Party Committee Registration

Revised January 2016



<b>REGISTRATION TYPE</b> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		<b>1. COMMITTEE NAME</b> Thomaston Democratic Town Committee			<b>2. ACRONYM</b> DTC	
<b>3. SUBTYPE OF COMMITTEE</b> <input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee			<b>4. PARTY AFFILIATION</b> <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Other (Specify) _____			
<b>5. COMMITTEE ADDRESS</b>			<b>6. COMMITTEE EMAIL &amp; WEBSITE</b>			
Address PO Box 191			Email Address contact@thomastonctdems.org			
City Thomaston		State CT	Zip Code 06787	Website www.thomastonctdems.org		
<b>7. CHAIRPERSON NAME</b>						
First Name Amanda		MI M	Last Name Lemaire		Suffix	
<b>8. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>9. CHAIRPERSON MAILING ADDRESS (If different)</b>			
Street Address 554 Hickory Hill Rd			Address			
City Thomaston		State CT	Zip Code 06787	City	State Zip Code	
<b>10. CHAIRPERSON TELEPHONE</b> (Include Area Code) 860 309 7639			<b>11. CHAIRPERSON EMAIL ADDRESS</b> alemaire01@gmail.com			
<b>12. TREASURER NAME</b>						
First Name Richard		MI M	Last Name Chandon		Suffix	
<b>13. TREASURER RESIDENCE ADDRESS</b>			<b>14. TREASURER MAILING ADDRESS (If different)</b>			
Street Address 48 Walnut St			Address			
City Thomaston		State CT	Zip Code 06787	City	State Zip Code	
<b>15. TREASURER TELEPHONE</b> (Include Area Code) 860 283 4205			<b>16. TREASURER EMAIL ADDRESS</b> r_chandon@hotmail.com			
<b>17. DEPUTY TREASURER NAME</b>						
First Name Amanda		MI M	Last Name Lemaire		Suffix	
<b>18. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>19. DEPUTY TREASURER MAILING ADDRESS (If different)</b>			
Street Address 554 Hickory Hill Rd			Address			
City Thomaston		State CT	Zip Code 06787	City	State Zip Code	
<b>20. DEPUTY TREASURER TELEPHONE</b> (Include Area Code) 860 309 7639			<b>21. DEPUTY TREASURER EMAIL ADDRESS</b> alemaire01@gmail.com			

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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REGISTRATION TYPE		COMMITTEE NAME			
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		<b>Thomaston Democratic Town Committee</b>			
<b>22. ALTERNATE DEPUTY TREASURER NAME</b> <i>(State Central Committees ONLY)</i>					
First Name		MI	Last Name		Suffix
<b>23. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>24. ALTERNATE DEPUTY TREASURER MAILING ADDRESS</b> <i>(If different)</i>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>25. ALTERNATE DEPUTY TREASURER TELEPHONE</b> <i>(Include Area Code)</i>		<b>26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS</b>			
<b>27. DEPOSITORY INSTITUTION NAME</b>					
Thomaston Savings Bank					
<b>28. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 203 Main Street, Thomaston, CT 06787					
<b>29. CERTIFICATION</b>					
Chairperson					
<p>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 to such position.</p>					
Amanda M Lemaire			09/06/2018		
CHAIRPERSON SIGNATURE			DATE (mm/dd/yyyy)		
Treasurer					
<p>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 certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.</p> <p>I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.</p> <p>I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.</p> <p>I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.</p>					
Richard M Chandon			07/23/2018		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

