

**SEEC FORM 2****PARTY COMMITTEE REGISTRATION  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**

Rev. 3/07

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Do Not Mark in This Space For  
Official Use Only**REGISTRATION TYPE**

- 
- INITIAL
- 
- 
- AMENDED

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>			
Tolland Democratic Town Committee							
<b>3. COMMITTEE ADDRESS</b>							
Address PO Box 582			City Tolland		State CT	Zip Code 06084	
<b>4. COMMITTEE E-MAIL ADDRESS</b>				<b>5. COMMITTEE WEB SITE ADDRESS</b>			
tollanddemocrats@gmail.com				tollanddemocrats.org			
<b>6. CHAIRPERSON NAME</b>							
Prefix	First Steven		MI J	Last Jones		Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>				<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>			
Street Address 70 Reed Rd				Address			
City Tolland		State CT	Zip Code 06084-3226	City		State	Zip Code
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>				<b>10. CHAIRPERSON E-MAIL ADDRESS</b>			
( 860 ) 462 — 2158				chair@tollanddemocrats.org			
<b>11. TREASURER NAME</b>							
Prefix	First Lawrence		MI J.	Last Gramling		Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>				<b>13. TREASURER MAILING ADDRESS (if different)</b>			
Street Address 15 Andrew Way				Address			
City Tolland		State CT	Zip Code 06084	City		State	Zip Code
<b>14. TREASURER TELEPHONE (Include Area Code)</b>				<b>15. TREASURER E-MAIL ADDRESS</b>			
( 860 ) 871 — 7158				thelarf@comcast.net			
<b>16. DEPUTY TREASURER-1 NAME</b>							
Prefix Mrs	First Brenda		MI S	Last Falusi		Suffix	
<b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>				<b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>			
Street Address 72 Pepperwood Dr				Address			
City Tolland		State CT	Zip Code 06084	City		State	Zip Code
<b>19. DEPUTY TREASURER-1 TELEPHONE</b>				<b>20. DEPUTY TREASURER-1 E-MAIL ADDRESS</b>			
( 860 ) 871 — 4494				bfalusi@aol.com			

**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****Tolland 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**

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

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**26. DEPOSITORY INSTITUTION NAME**

First Niagara
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**27. DEPOSITORY INSTITUTION ADDRESS**

Address	City	State	Zip Code
215 Merrow Road, Tolland, CT 06084			

**28. SUBTYPE OF COMMITTEE**

<input checked="" type="checkbox"/> Town Committee	<input type="checkbox"/> State Central Committee
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**29. PARTY DESIGNATION**

<input type="checkbox"/> Republican	<input checked="" type="checkbox"/> Democratic	<input type="checkbox"/> Other_____
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**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.

Steven J Jones

03/06/2014

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.

Lawrence J. Gramling

03/06/2014

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.

Brenda S Falusi

03/06/2014

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)  
 (STATE CENTRAL COMMITTEES ONLY)

 \_\_\_\_\_  
 DATE (mm/dd/yyyy)

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