

# SEEC FORM 2

**PARTY COMMITTEE REGISTRATION**  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Rev. 3/07  
Page 1 of 2



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Official Use Only

### REGISTRATION TYPE

- INITIAL  
 AMENDED

<b>1. NAME OF COMMITTEE</b>		<b>2. ACRONYM</b>		
Watertown-Oakville Democratic Town Committee				
<b>3. COMMITTEE ADDRESS</b>				
Address 15 SAND BANK RD		City WATERTOWN	State CT	Zip Code 06795
<b>4. COMMITTEE E-MAIL ADDRESS</b>		<b>5. COMMITTEE WEB SITE ADDRESS</b>		
<b>6. CHAIRPERSON NAME</b>				
Prefix	First Donato	MI	Last Orsini	Suffix
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>		<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>		
Street Address 115 SAND BANK RD		Address		
City WATERTOWN	State CT	Zip Code 06795	City	State Zip Code
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>		<b>10. CHAIRPERSON E-MAIL ADDRESS</b>		
( 860 ) 274 — 1525		lorsini@optonline.net		
<b>11. TREASURER NAME</b>				
Prefix	First Jack	MI	Last Walton	Suffix
<b>12. TREASURER RESIDENCE ADDRESS</b>		<b>13. TREASURER MAILING ADDRESS (if different)</b>		
Street Address 39 PHILLIPS AVE		Address		
City OAKVILLE	State CT	Zip Code 06779	City	State Zip Code
<b>14. TREASURER TELEPHONE (Include Area Code)</b>		<b>15. TREASURER E-MAIL ADDRESS</b>		
( 860 ) 274 — 4413		jacc45@hotmail.com		
<b>16. DEPUTY TREASURER-1 NAME</b>				
Prefix	First	MI	Last	Suffix
<b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>		<b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>		
Street Address		Address		
City	State	Zip Code	City	State Zip Code
<b>19. DEPUTY TREASURER-1 TELEPHONE</b>		<b>20. DEPUTY TREASURER-1 E-MAIL ADDRESS</b>		
( ) —				

*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****Watertown-Oakville 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**

Wachovia Bank

**27. DEPOSITORY INSTITUTION ADDRESS**

Address Main Street, Watertown, CT 06795		City	State	Zip Code
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**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.

Donato Orsini	04/15/2008
_____ 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.

Jack Walton	04/15/2008
_____ 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.

_____ DEPUTY TREASURER (SIGNATURE)	_____ DATE (mm/dd/yyyy)
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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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