

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	
<input type="checkbox"/>	INITIAL
<input checked="" type="checkbox"/>	AMENDED

1. NAME OF COMMITTEE				2. ACRONYM			
East Windsor Democratic Town Committee				EWDTC			
3. COMMITTEE ADDRESS							
Address 73 Miller Rd				City Broad Brook		State CT	Zip Code 06016
4. COMMITTEE E-MAIL ADDRESS				5. COMMITTEE WEB SITE ADDRESS			
denisemenard@sbcglobal.net							
6. CHAIRPERSON NAME							
Prefix Mrs		First Marie		MI	Last DeSousa		Suffix
7. CHAIRPERSON RESIDENCE ADDRESS				8. CHAIRPERSON MAILING ADDRESS (if different)			
Street Address 10 Rice Rd				Address			
City Broad Brook		State CT	Zip Code 06016	City		State	Zip Code
9. CHAIRPERSON TELEPHONE (Include Area Code)				10. CHAIRPERSON E-MAIL ADDRESS			
(860) 623 — 0165				hdqts@aol.com			
11. TREASURER NAME							
Prefix		First Denise		MI	Last Menard		Suffix
12. TREASURER RESIDENCE ADDRESS				13. TREASURER MAILING ADDRESS (if different)			
Street Address 73 Miller Rd				Address			
City East Windsor		State CT	Zip Code 06016	City		State	Zip Code
14. TREASURER TELEPHONE (Include Area Code)				15. TREASURER E-MAIL ADDRESS			
(860) 623 — 4016				denisemenard@sbcglobal.net			
16. DEPUTY TREASURER-1 NAME							
Prefix		First Jeffrey		MI J	Last Bancroft		Suffix
17. DEPUTY TREASURER-1 RESIDENCE ADDRESS				18. DEPUTY TREASURER-1 MAILING ADDRESS			
Street Address 145A Wells Rd				Address			
City East Windsor		State CT	Zip Code 06088	City		State	Zip Code
19. DEPUTY TREASURER-1 TELEPHONE				20. DEPUTY TREASURER-1 E-MAIL ADDRESS			
(860) 623 — 4379				bancroftjeffrey@yahoo.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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CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**

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-
- INITIAL
-
-
- AMENDED

NAME OF COMMITTEE					
East Windsor 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					
Rockville Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address			City	State	Zip Code
1645 Ellington Road, South Windsor, CT 06074					
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.					
			Marie DeSousa	04/20/2009	
			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.					
			Denise Menard	04/20/2009	
			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.					
			Jeffrey J Bancroft	04/20/2009	
			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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