

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	
Independent Party Waterbury Town Committee		I.P.W.T.C.	
3. COMMITTEE ADDRESS			
Address 154 Bunker Hill Ave		City Waterbury	State CT
		Zip Code 06708	
4. COMMITTEE E-MAIL ADDRESS		5. COMMITTEE WEB SITE ADDRESS	
6. CHAIRPERSON NAME			
Prefix	First Michael	MI J.	Last Telesca
			Suffix
7. CHAIRPERSON RESIDENCE ADDRESS		8. CHAIRPERSON MAILING ADDRESS (if different)	
Street Address 154 Bunker Hill Ave		Address	
City Waterbury	State CT	Zip Code 06708	City
			State
			Zip Code
9. CHAIRPERSON TELEPHONE (Include Area Code)		10. CHAIRPERSON E-MAIL ADDRESS	
(203) 573 — 9524			
11. TREASURER NAME			
Prefix	First Elaine	MI S	Last Yurchyk
			Suffix
12. TREASURER RESIDENCE ADDRESS		13. TREASURER MAILING ADDRESS (if different)	
Street Address 492 Chipman St		Address	
City Waterbury	State CT	Zip Code 06708	City
			State
			Zip Code
14. TREASURER TELEPHONE (Include Area Code)		15. TREASURER E-MAIL ADDRESS	
(203) 756 — 6509			
16. DEPUTY TREASURER-1 NAME			
Prefix	First Kay	MI V.	Last Bergin
			Suffix
17. DEPUTY TREASURER-1 RESIDENCE ADDRESS		18. DEPUTY TREASURER-1 MAILING ADDRESS	
Street Address 25 Steuben St		Address	
City Waterbury	State CT	Zip Code 06708	City
			State
			Zip Code
19. DEPUTY TREASURER-1 TELEPHONE		20. DEPUTY TREASURER-1 E-MAIL ADDRESS	
(203) 753 — 9378			

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**Independent Party Waterbury 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		City	State	Zip Code
761 Highland Avenue, Waterbury, CT 06708				

28. SUBTYPE OF COMMITTEE
 Town Committee State Central Committee
29. PARTY DESIGNATION
 Republican Democratic Other Independent Party - Wat
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.

Michael J. Telesca

04/21/2010

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.

Elaine S Yurchyk

04/21/2010

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.

Kay V. Bergin

04/21/2010

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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