

**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

<b>REGISTRATION TYPE</b>	
<input type="checkbox"/>	INITIAL
<input checked="" type="checkbox"/>	AMENDED

<b>1. NAME OF COMMITTEE</b>		<b>2. ACRONYM</b>			
Killingworth Republican Town Committee		KRTC			
<b>3. COMMITTEE ADDRESS</b>					
Address PO Box 837		City Killingworth		State CT	Zip Code 06419
<b>4. COMMITTEE E-MAIL ADDRESS</b>			<b>5. COMMITTEE WEB SITE ADDRESS</b>		
			www.killingworthgop.org		
<b>6. CHAIRPERSON NAME</b>					
Prefix	First David	MI L	Last Adametz	Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>		
Street Address 48 Fire Tower Rd			Address		
City Killingworth	State CT	Zip Code 06419	City	State	Zip Code
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>			<b>10. CHAIRPERSON E-MAIL ADDRESS</b>		
( 860 ) 663 — 3113			dave.adametz@killingworthgop.org		
<b>11. TREASURER NAME</b>					
Prefix	First Nancy	MI M	Last Gorski	Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (if different)</b>		
Street Address 18 Wolf Hollow Ln			Address		
City Killingworth	State CT	Zip Code 06419	City	State	Zip Code
<b>14. TREASURER TELEPHONE (Include Area Code)</b>			<b>15. TREASURER E-MAIL ADDRESS</b>		
( 860 ) 663 — 5602			nancy_gorski@comcast.net		
<b>16. DEPUTY TREASURER-1 NAME</b>					
Prefix	First David	MI L	Last Adametz	Suffix	
<b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>			<b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>		
Street Address 48 Fire Tower Rd			Address		
City Killingworth	State CT	Zip Code 06419	City	State	Zip Code
<b>19. DEPUTY TREASURER-1 TELEPHONE</b>			<b>20. DEPUTY TREASURER-1 E-MAIL ADDRESS</b>		
( 860 ) 663 — 3113			dave.adametz@killingworthgop.org		

*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.*

**SEEC FORM 2****PARTY COMMITTEE REGISTRATION  
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- 
- INITIAL
- 
- 
- AMENDED

**NAME OF COMMITTEE****Killingworth Republican 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**

TD Bank

**27. DEPOSITORY INSTITUTION ADDRESS**

Address 184 Route 81, Killingworth, Ct 06419		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.

David L Adamez

09/26/2014

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.

Nancy M Gorski

09/29/2014

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.

David L Adamez

09/26/2014

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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