

# SEEC FORM 3NC

## Political Committee (PAC)

### Biennial Re-Registration Without Changes

STATE ELECTIONS ENFORCEMENT COMMISSION

Revised September 2012



Do Not Mark in This Space For Official Use Only

<b>1. NAME OF COMMITTEE</b>			<b>2. ACRONYM</b>		
Shoreline League Of Democratic Women			SLDW		
<b>3. COMMITTEE ADDRESS</b>			<b>4. COMMITTEE E-MAIL &amp; WEBSITE</b>		
Address 682 Green Hill Rd			E-Mail Address sldworg@gmail.com		
City Madison	State CT	Zip Code 06443	Website		
<b>5. TREASURER NAME</b>					
First Name Susan		MI	Last Name Glantz		Suffix
<b>6. TREASURER RESIDENCE ADDRESS</b>			<b>7. TREASURER MAILING ADDRESS (If different)</b>		
Street Address 682 Green Hill Rd			Address		
City Madison	State CT	Zip Code 06443	City	State	Zip Code
<b>8. TREASURER TELEPHONE</b>		<b>9. TREASURER E-MAIL ADDRESS</b>			
(Include Area Code) ( 203 ) 245 - 4737		sglantz@comcast.net			

<b>10. CERTIFICATION</b>	
Treasurer	
I hereby certify and state, under penalties of false statement, that I have reviewed in full the most recent SEEC Form 3 on file with the State Elections Enforcement Commission, that, upon review, all of the designations set forth in that political committee registration statement are true, accurate and complete to the best of my knowledge and belief, and that there have been no changes, additions, or deletions to the information contained therein since that registration statement was filed.	
Susan Glantz	11/19/2012
_____ TREASURER SIGNATURE	_____ DATE (mm/dd/yyyy)

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.