

**SEEC FORM 2**

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



Do Not Mark in This Space For  
 Official Use Only

**REGISTRATION TYPE**

- INITIAL  
 AMENDED

<b>1. NAME OF COMMITTEE</b>			<b>2. ACRONYM</b>		
Darlen Democratic Town Committee			DARIEN DTC		
<b>3. COMMITTEE ADDRESS</b>					
Address PO Box 7			City Darlen	State CT	Zip Code 06820
<b>4. COMMITTEE E-MAIL ADDRESS</b>			<b>5. COMMITTEE WEB SITE ADDRESS</b>		
			dct.darlen.org		
<b>6. CHAIRPERSON NAME</b>					
Prefix	First John	MI	Last Davis	Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>		
Street Address 29 Lynn Ct			Address		
City Darlen	State CT	Zip Code 06820	City	State	Zip Code
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>			<b>10. CHAIRPERSON E-MAIL ADDRESS</b>		
( 203 ) 249 — 6890			jdavis@stamfordmarriot.com		
<b>11. TREASURER NAME</b>					
Prefix	First Maria	MI L	Last Cleary	Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (if different)</b>		
Street Address 7 Patricia Ln			Address		
City Darlen	State CT	Zip Code 06820	City	State	Zip Code
<b>14. TREASURER TELEPHONE (Include Area Code)</b>			<b>15. TREASURER E-MAIL ADDRESS</b>		
( 203 ) 662 — 9575			mlclearyw@yahoo.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.*

**SEEC FORM 2****PARTY COMMITTEE REGISTRATION**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**

Rev. 3/07

Page 2 of 2

Do Not Mark in This Space For  
Official Use Only**REGISTRATION TYPE**

- 
- INITIAL
- 
- 
- AMENDED

**NAME OF COMMITTEE****Darien Democratic Town Committee****21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)**

Prefix	First	MI	Last	Suffix
--------	-------	----	------	--------

**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**

( ) —
-------

**25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS**

--

**26. DEPOSITORY INSTITUTION NAME**

Wachovia

**27. DEPOSITORY INSTITUTION ADDRESS**

Address	City	State	Zip Code
310 Heights Road, Darien, Ct 06820			

**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.

John Davis

04/14/2010

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.

Maria L Cleary

04/12/2010

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.

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)

**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.**