

# SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

## Party Committee Registration

Revised January 2016



Received by SEEC  
03/25/2024 02:06 PM

<b>REGISTRATION TYPE</b> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		<b>1. COMMITTEE NAME</b> Darien Democratic Town Committee			<b>2. ACRONYM</b> DTC	
<b>3. SUBTYPE OF COMMITTEE</b> <input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee			<b>4. PARTY AFFILIATION</b> <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Other (Specify) _____			
<b>5. COMMITTEE ADDRESS</b>			<b>6. COMMITTEE EMAIL &amp; WEBSITE</b>			
Address PO Box 865			Email Address info@dariendemocrats.com			
City Darien		State CT	Zip Code 06820	Website www.dariendemocrats.com		
<b>7. CHAIRPERSON NAME</b>						
First Name Robert		MI A	Last Name Richards		Suffix	
<b>8. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>9. CHAIRPERSON MAILING ADDRESS (If different)</b>			
Street Address 5 Edmond St			Address			
City Darien		State CT	Zip Code 06820	City	State Zip Code	
<b>10. CHAIRPERSON TELEPHONE</b>			<b>11. CHAIRPERSON EMAIL ADDRESS</b>			
(Include Area Code) 917 532 3735			robrichards@dariendemocrats.com			
<b>12. TREASURER NAME</b>						
First Name Daniel		MI S	Last Name Noble		Suffix	
<b>13. TREASURER RESIDENCE ADDRESS</b>			<b>14. TREASURER MAILING ADDRESS (If different)</b>			
Street Address 27 Rings End Rd			Address			
City Darien		State CT	Zip Code 06820	City	State Zip Code	
<b>15. TREASURER TELEPHONE</b>			<b>16. TREASURER EMAIL ADDRESS</b>			
(Include Area Code) 202 641 5769			daniel.noble@gmail.com			
<b>17. DEPUTY TREASURER NAME</b>						
First Name Carol		MI G	Last Name Gray		Suffix	
<b>18. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>19. DEPUTY TREASURER MAILING ADDRESS (If different)</b>			
Street Address 1 Brush Island Rd			Address			
City Darien		State CT	Zip Code 06820	City	State Zip Code	
<b>20. DEPUTY TREASURER TELEPHONE</b>			<b>21. DEPUTY TREASURER EMAIL ADDRESS</b>			
(Include Area Code) 203 253 0042			rgrayfox@aol.com			

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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REGISTRATION TYPE		COMMITTEE NAME			
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		<b>Darien Democratic Town Committee</b>			
<b>22. ALTERNATE DEPUTY TREASURER NAME</b> <i>(State Central Committees ONLY)</i>					
First Name		MI	Last Name		Suffix
<b>23. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>24. ALTERNATE DEPUTY TREASURER MAILING ADDRESS</b> <i>(If different)</i>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>25. ALTERNATE DEPUTY TREASURER TELEPHONE</b> <i>(Include Area Code)</i>		<b>26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS</b>			
<b>27. DEPOSITORY INSTITUTION NAME</b>					
M & T Bank					
<b>28. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 72 Edgerton Street, Darien, CT 06820					
<b>29. CERTIFICATION</b>					
Chairperson					
<p>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 to such position.</p>					
Robert A Richards			03/19/2024		
CHAIRPERSON SIGNATURE			DATE (mm/dd/yyyy)		
Treasurer					
<p>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 certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.</p> <p>I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.</p> <p>I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.</p> <p>I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.</p>					
Daniel S Noble			03/18/2024		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

