

SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

Party Committee Registration

Revised January 2016



Received by SEEC
03/16/2026 12:40 PM

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REGISTRATION TYPE		1. COMMITTEE NAME				2. ACRONYM	
☐ Initial ☒ Amendment		Darien Democratic Town Committee				DTC	
3. SUBTYPE OF COMMITTEE			4. PARTY AFFILIATION				
☒ Town Committee ☐ State Central Committee			☐ Republican ☒ Democrat ☐ Other (Specify) _____				
5. COMMITTEE ADDRESS				6. COMMITTEE EMAIL & WEBSITE			
Address PO Box 865				Email Address ehprocaccini@gmail.com			
City Darien		State CT	Zip Code 06820	Website www.dariendemocrats.com			
7. CHAIRPERSON NAME							
First Name Erika		MI H	Last Name Procaccini			Suffix	
8. CHAIRPERSON RESIDENCE ADDRESS				9. CHAIRPERSON MAILING ADDRESS (If different)			
Street Address 67 Edgerton St				Address			
City Darien		State CT	Zip Code 06820	City		State	Zip Code
10. CHAIRPERSON TELEPHONE				11. CHAIRPERSON EMAIL ADDRESS			
(Include Area Code) 203 943 6930				ehprocaccini@gmail.com			
12. TREASURER NAME							
First Name Kristy		MI	Last Name OHagan			Suffix	
13. TREASURER RESIDENCE ADDRESS				14. TREASURER MAILING ADDRESS (If different)			
Street Address 88 Old Kings Hwy S				Address			
City Darien		State CT	Zip Code 06820	City		State	Zip Code
15. TREASURER TELEPHONE				16. TREASURER EMAIL ADDRESS			
(Include Area Code) 914 671 5761				Kohagan06@gmail.com			
17. DEPUTY TREASURER NAME							
First Name Kathryn		MI	Last Name Haavik			Suffix	
18. DEPUTY TREASURER RESIDENCE ADDRESS				19. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address 16 Hamilton Ln				Address			
City Darien		State CT	Zip Code 06820	City		State	Zip Code
20. DEPUTY TREASURER TELEPHONE				21. DEPUTY TREASURER EMAIL ADDRESS			
(Include Area Code) 202 669 3382				Kathryncritchell@gmail.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				
☐ Initial ☒ Amendment	Darien Democratic Town Committee				
22. ALTERNATE DEPUTY TREASURER NAME <i>(State Central Committees ONLY)</i>					
First Name		MI	Last Name		Suffix
23. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS			24. ALTERNATE DEPUTY TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
25. ALTERNATE DEPUTY TREASURER TELEPHONE		26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS			
<i>(Include Area Code)</i>					
27. DEPOSITORY INSTITUTION NAME					
M & T Bank					
28. DEPOSITORY INSTITUTION ADDRESS					
Address 72 Edgerton Street, Darien, CT 06820					
29. CERTIFICATION					
Chairperson					
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.					
Erika H Procaccini			03/16/2026		
CHAIRPERSON SIGNATURE			DATE (mm/dd/yyyy)		
Treasurer					
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.					
I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.					
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.					
I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.					
Kristy OHagan			03/16/2026		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

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REGISTRATION TYPE	COMMITTEE NAME
☐ Initial ☒ Amendment	Darien Democratic Town Committee
29. CERTIFICATION <i>continued</i>	
Deputy Treasurer	
I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the 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. In the event I am the deputy treasurer of a state central committee which has appointed an alternate deputy treasurer and there is a vacancy in treasurer, I shall automatically become jointly and severally responsible with the state central committee’s other deputy treasurer for discharging all of the duties required of the vacating treasurer. 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. I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. 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. I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission. Kathryn Haavik DEPUTY TREASURER SIGNATURE 03/16/2026 DATE (mm/dd/yyyy)	
Alternate Deputy Treasurer— <i>State Central Committees ONLY</i>	
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 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 central committee’s other deputy treasurer for discharging all of the duties required of the vacating treasurer. 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. I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive. 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. I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission. ALTERNATE DEPUTY TREASURER SIGNATURE—<i>State Central Committees ONLY</i> DATE (mm/dd/yyyy)	