

**SEEC FORM 2**

**PARTY COMMITTEE REGISTRATION**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Rev. 3/07  
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**REGISTRATION TYPE**

- INITIAL  
 AMENDED

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>			
East Hampton Democratic Town Committee				EHDC			
<b>3. COMMITTEE ADDRESS</b>							
Address PO Box 43				City East Hampton		State CT	Zip Code 06424
<b>4. COMMITTEE E-MAIL ADDRESS</b>				<b>5. COMMITTEE WEB SITE ADDRESS</b>			
tomobrien67@comcast.net							
<b>6. CHAIRPERSON NAME</b>							
Prefix	First Thomas		MI	Last O'Brien		Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>				<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>			
Street Address 67 Blue Heron Dr				Address			
City East Hampton		State CT	Zip Code 06424	City		State	Zip Code
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>				<b>10. CHAIRPERSON E-MAIL ADDRESS</b>			
( 860 ) 267 — 6642				tomobrien67@comcast.net			
<b>11. TREASURER NAME</b>							
Prefix Ms	First Terry		MI	Last Concannon		Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>				<b>13. TREASURER MAILING ADDRESS (if different)</b>			
Street Address 59 Laurel Rdg				Address			
City East Hampton		State CT	Zip Code 06424-0209	City		State	Zip Code
<b>14. TREASURER TELEPHONE (Include Area Code)</b>				<b>15. TREASURER E-MAIL ADDRESS</b>			
( 860 ) 638 — 9636				terryconcannon@comcast.net			
<b>16. DEPUTY TREASURER-1 NAME</b>							
Prefix	First Timothy		MI S	Last Csere		Suffix	
<b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>				<b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>			
Street Address 47 Jacobson Farm Rd				Address			
City East Hampton		State CT	Zip Code 06424	City		State	Zip Code
<b>19. DEPUTY TREASURER-1 TELEPHONE</b>				<b>20. DEPUTY TREASURER-1 E-MAIL ADDRESS</b>			
( 860 ) 267 — 0858				csere4@comcast.net			

*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.*

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- AMENDED

<b>NAME OF COMMITTEE</b>					
East Hampton Democratic Town Committee					
<b>21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)</b>					
Prefix	First	MI	Last	Suffix	
<b>22. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>23. ALTERNATE DEPUTY TREASURER MAILING ADDRESS (if different)</b>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>24. ALTERNATE DEPUTY TREASURER TELEPHONE</b>		<b>25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS</b>			
(       )       —					
<b>26. DEPOSITORY INSTITUTION NAME</b>					
Citizens Bank					
<b>27. DEPOSITORY INSTITUTION ADDRESS</b>					
Address			City	State	Zip Code
8 East High Street, East Hampton, CT 06424					
<b>28. SUBTYPE OF COMMITTEE</b>		<b>29. PARTY DESIGNATION</b>			
<input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee		<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other _____			
<b>30. CERTIFICATION</b>					
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.					
			Thomas O'Brien	03/12/2015	
			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.					
			Terry Concannon	03/12/2015	
			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.					
			Timothy S Csere	03/12/2015	
			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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