

SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

Party Committee Registration

Revised January 2016



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| | | | | | | | |
|---|--|---|--|-------------------|--|-------|----------|
| REGISTRATION TYPE <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment | | 1. COMMITTEE NAME East Hartford Democratic Town Committee | | | 2. ACRONYM EHDTCT | | |
| 3. SUBTYPE OF COMMITTEE <input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee | | | 4. PARTY AFFILIATION <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Other (Specify) _____ | | | | |
| 5. COMMITTEE ADDRESS Address 33 Atwood Ln City East Hartford | | | State CT | Zip Code 06108 | 6. COMMITTEE EMAIL & WEBSITE Email Address ehdtcchairswilson@gmail.com Website | | |
| 7. CHAIRPERSON NAME | | | | | | | |
| First Name Sebrina | | MI E | Last Name Wilson | | Suffix | | |
| 8. CHAIRPERSON RESIDENCE ADDRESS Street Address 31 High St Apt 9203 City East Hartford | | | State CT | Zip Code 06118 | 9. CHAIRPERSON MAILING ADDRESS (If different) Address | | |
| City East Hartford | | | State CT | Zip Code 06118 | City | State | Zip Code |
| 10. CHAIRPERSON TELEPHONE (Include Area Code) 860 709 8297 | | | 11. CHAIRPERSON EMAIL ADDRESS ehdtcchairswilson@gmail.com | | | | |
| 12. TREASURER NAME | | | | | | | |
| First Name Patrena | | MI A | Last Name Smith | | Suffix | | |
| 13. TREASURER RESIDENCE ADDRESS Street Address 33 Atwood Ln City East Hartford | | | State CT | Zip Code 06108 | 14. TREASURER MAILING ADDRESS (If different) Address | | |
| City East Hartford | | | State CT | Zip Code 06108 | City | State | Zip Code |
| 15. TREASURER TELEPHONE (Include Area Code) 203 379 7303 | | | 16. TREASURER EMAIL ADDRESS ehdtctreasurer21@gmail.com | | | | |
| 17. DEPUTY TREASURER NAME | | | | | | | |
| First Name Sidney | | MI C | Last Name Soderholm | | Suffix | | |
| 18. DEPUTY TREASURER RESIDENCE ADDRESS Street Address 46 Pezzente Ln City East Hartford | | | State CT | Zip Code 06108 | 19. DEPUTY TREASURER MAILING ADDRESS (If different) Address | | |
| City East Hartford | | | State CT | Zip Code 06108 | City | State | Zip Code |
| 20. DEPUTY TREASURER TELEPHONE (Include Area Code) 301 789 8638 | | | 21. DEPUTY TREASURER EMAIL ADDRESS sidsoderholm@yahoo.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 | | East Hartford 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 <i>(Include Area Code)</i> | | 26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS | | | |
| 27. DEPOSITORY INSTITUTION NAME | | | | | |
| Key Bank | | | | | |
| 28. DEPOSITORY INSTITUTION ADDRESS | | | | | |
| Address 225 Trumbull Street, Hartford, CT 06103 | | | | | |
| 29. CERTIFICATION | | | | | |
| 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> | | | | | |
| Sebrina E Wilson | | | 12/23/2024 | | |
| 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> | | | | | |
| Patrena A Smith | | | 12/23/2024 | | |
| TREASURER SIGNATURE | | | DATE (mm/dd/yyyy) | | |

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| REGISTRATION TYPE | COMMITTEE NAME |
|--|--|
| <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment | East Hartford Democratic Town Committee |

29. CERTIFICATION *continued*

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.

Sidney C Soderholm

DEPUTY TREASURER SIGNATURE

12/17/2024

DATE (mm/dd/yyyy)

Alternate Deputy Treasurer—*State Central Committees ONLY*

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—*State Central Committees ONLY*

DATE (mm/dd/yyyy)