SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

Party Committee Registration

Revised January 2016

Received by SEEC
04/09/2021 01:17 PM

REGISTRATION TYPE	1. COMMITTEE NAME	2. ACRONYM
☐ Initial ☑ Amendment	Hebron Republican Town Committee	

3. SUBTYPE OF COMMITTEE	4. PARTY AFFILIATION
☑ Town Committee ☐ State Central Committee	☑ Republican ☐ Democrat ☐ Other *(Specify)*

5. COMMITTEE ADDRESS			6. COMMITTEE EMAIL & WEBSITE
Address: 26 Wood Acres Rd			Email Address: hebronrepublicans@gmail.com
City: Amston	State: CT	Zip Code: 06231	Website: hebronrepublicans.org

7. CHAIRPERSON NAME			
First Name: Amanda	MI:	Last Name: Veneziano	Suffix:

8. CHAIRPERSON RESIDENCE ADDRESS			9. CHAIRPERSON MAILING ADDRESS *(If different)*		
Street Address: 26 Wood Acres Rd			Address:		
City: Amston	State: CT	Zip Code: 06231	City:	State:	Zip Code:

10. CHAIRPERSON TELEPHONE	11. CHAIRPERSON EMAIL ADDRESS
(Include Area Code) 860 449 2245	amandaveneziano@yahoo.com

12. TREASURER NAME			
First Name: Mann	MI:	Last Name: Hasen	Suffix:

13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS *(If different)*		
Street Address: 49 Sentinal Woods Dr			Address:		
City: Hebron	State: CT	Zip Code: 06248	City:	State:	Zip Code:

15. TREASURER TELEPHONE	16. TREASURER EMAIL ADDRESS
(Include Area Code)	

17. DEPUTY TREASURER NAME			
First Name: John	MI: F	Last Name: Richmond	Suffix:

18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS *(If different)*		
Street Address: 276 Hope Valley Rd			Address:		
City: Amston	State: CT	Zip Code: 06271	City:	State:	Zip Code:

20. DEPUTY TREASURER TELEPHONE	21. DEPUTY TREASURER EMAIL ADDRESS
(Include Area Code) 860 228 3404	hebron.rep@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	**Hebron Republican Town Committee**

22. ALTERNATE DEPUTY TREASURER NAME *(State Central Committees ONLY)*

First Name	MI	Last Name	Suffix

23. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS			24. ALTERNATE DEPUTY TREASURER MAILING ADDRESS *(If different)*		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code

25. ALTERNATE DEPUTY TREASURER TELEPHONE	26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS
(Include Area Code)	

27. DEPOSITORY INSTITUTION NAME

Bank of America

28. DEPOSITORY INSTITUTION ADDRESS

Address

1589 West Main Street, Willimantic, CT 06226

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.

Amanda Veneziano — CHAIRPERSON SIGNATURE

04/09/2021 — 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 Statues, 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.

Mann Hasen — TREASURER SIGNATURE

04/07/2021 — DATE (mm/dd/yyyy)

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REGISTRATION TYPE	COMMITTEE NAME
☐ Initial ☑ Amendment	**Hebron Republican 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 Statues, 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.

John F Richmond
DEPUTY TREASURER SIGNATURE

04/09/2021
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 Statues, 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)