

SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

Party Committee Registration

Revised January 2016



Received by SEEC

11/22/2024 02:47 PM

REGISTRATION TYPE <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		1. COMMITTEE NAME Hebron Republican Town Committee			2. ACRONYM	
3. SUBTYPE OF COMMITTEE <input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee			4. PARTY AFFILIATION <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democrat <input type="checkbox"/> Other (Specify) _____			
5. COMMITTEE ADDRESS Address 26 Wood Acres Rd City Amston			6. COMMITTEE EMAIL & WEBSITE Email Address hebronrepublicans@gmail.com Website hebronrepublicans.org		State CT	
Zip Code 06231			City Amston			State CT
7. CHAIRPERSON NAME						
First Name Jason		MI L	Last Name Guidone		Suffix	
8. CHAIRPERSON RESIDENCE ADDRESS Street Address 94 Cone Rd City Hebron			9. CHAIRPERSON MAILING ADDRESS (If different) Address City Hebron			
State CT			Zip Code 06248		State CT	
Zip Code 06248			City Hebron			State CT
City Hebron			State CT			Zip Code 06248
10. CHAIRPERSON TELEPHONE (Include Area Code) 203 623 1950			11. CHAIRPERSON EMAIL ADDRESS guidonej@gmail.com			
12. TREASURER NAME						
First Name David		MI J	Last Name Terricciano		Suffix	
13. TREASURER RESIDENCE ADDRESS Street Address 113 Allentown Rd City Wolcott			14. TREASURER MAILING ADDRESS (If different) Address City Wolcott			
State CT			Zip Code 06716		State CT	
Zip Code 06716			City Wolcott			State CT
City Wolcott			State CT			Zip Code 06716
15. TREASURER TELEPHONE (Include Area Code) 860 877 6991			16. TREASURER EMAIL ADDRESS dterric@gmail.com			
17. DEPUTY TREASURER NAME						
First Name Jason		MI L	Last Name Guidone		Suffix	
18. DEPUTY TREASURER RESIDENCE ADDRESS Street Address 94 Cone Rd City Hebron			19. DEPUTY TREASURER MAILING ADDRESS (If different) Address City Hebron			
State CT			Zip Code 06248		State CT	
Zip Code 06248			City Hebron			State CT
City Hebron			State CT			Zip Code 06248
20. DEPUTY TREASURER TELEPHONE (Include Area Code) 203 623 1950			21. DEPUTY TREASURER EMAIL ADDRESS guidonej@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			
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		Hebron Republican 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					
Bank of America					
28. DEPOSITORY INSTITUTION ADDRESS					
Address 1589 West Main Street, Willimantic, CT 06226					
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>					
Jason L Guidone			11/22/2024		
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>					
David J Terricciano			11/22/2024		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

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REGISTRATION TYPE	COMMITTEE NAME
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> 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 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.

Jason L Guidone

DEPUTY TREASURER SIGNATURE

11/22/2024

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)