

SEEC FORM 2

PARTY COMMITTEE REGISTRATION
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 3/07
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Do Not Mark in This Space For
 Official Use Only

REGISTRATION TYPE	
<input type="checkbox"/>	INITIAL
<input checked="" type="checkbox"/>	AMENDED

1. NAME OF COMMITTEE				2. ACRONYM			
New Haven Democratic Town Committee				NHDTC			
3. COMMITTEE ADDRESS							
Address 78 Orchard St				City New Haven		State CT	Zip Code 06519
4. COMMITTEE E-MAIL ADDRESS				5. COMMITTEE WEB SITE ADDRESS			
newhavendems@gmail.com				http://newhaven.dems.info/			
6. CHAIRPERSON NAME							
Prefix	First Jacqueline		MI	Last James		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS				8. CHAIRPERSON MAILING ADDRESS (if different)			
Street Address 43 Sylvan Ave				Address 78 Orchard St			
City New Haven		State CT	Zip Code 06519	City New Haven		State CT	Zip Code 06519
9. CHAIRPERSON TELEPHONE (Include Area Code)				10. CHAIRPERSON E-MAIL ADDRESS			
(203) 676 — 9478				jmjgem@yahoo.com			
11. TREASURER NAME							
Prefix	First Gwendolyn		MI	Last Mills		Suffix	
12. TREASURER RESIDENCE ADDRESS				13. TREASURER MAILING ADDRESS (if different)			
Street Address 86 Edwards St				Address 49 Livingston St # 2			
City New Haven		State CT	Zip Code 06511	City New Haven		State CT	Zip Code 06511
14. TREASURER TELEPHONE (Include Area Code)				15. TREASURER E-MAIL ADDRESS			
(203) 996 — 4291				gwen.mills@gmail.com			
16. DEPUTY TREASURER-1 NAME							
Prefix	First Josue		MI	Last Vega		Suffix Jr	
17. DEPUTY TREASURER-1 RESIDENCE ADDRESS				18. DEPUTY TREASURER-1 MAILING ADDRESS			
Street Address 264 Lenox St				Address			
City New Haven		State CT	Zip Code 06513	City		State	Zip Code
19. DEPUTY TREASURER-1 TELEPHONE				20. DEPUTY TREASURER-1 E-MAIL ADDRESS			
(203) 687 — 0507				joshvegajr@yahoo.com			

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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CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**

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-
- INITIAL
-
-
- AMENDED

NAME OF COMMITTEE**New Haven Democratic Town Committee****21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)**

Prefix	First	MI	Last	Suffix
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22. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS

Street Address		
City	State	Zip Code

23. ALTERNATE DEPUTY TREASURER MAILING ADDRESS (if different)

Address		
City	State	Zip Code

24. ALTERNATE DEPUTY TREASURER TELEPHONE

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25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS

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26. DEPOSITORY INSTITUTION NAME

Start Bank

27. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
299 Whalley Avenue, New Haven, CT 06511			

28. SUBTYPE OF COMMITTEE
 Town Committee State Central Committee
29. PARTY DESIGNATION
 Republican Democratic Other _____
30. CERTIFICATION

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.

Jacqueline James

03/19/2012

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.

Gwendolyn Mills

03/19/2012

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.

Josue Vega

03/19/2012

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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