

# SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

## Party Committee Registration

Revised January 2016



Page 1 of 3

Received by SEEC

04/09/2020 02:04 PM

<b>REGISTRATION TYPE</b> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		<b>1. COMMITTEE NAME</b> <b>Plymouth Democratic Town Committee</b>			<b>2. ACRONYM</b>	
<b>3. SUBTYPE OF COMMITTEE</b> <input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee			<b>4. PARTY AFFILIATION</b> <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Other (Specify) _____			
<b>5. COMMITTEE ADDRESS</b>			<b>6. COMMITTEE EMAIL &amp; WEBSITE</b>			
Address PO Box 116			Email Address plymouthdte@gmail.com			
City Plymouth		State CT	Zip Code 06782	Website www.plymouthdemocrats.com		
<b>7. CHAIRPERSON NAME</b>						
First Name Erin		MI R	Last Name King		Suffix	
<b>8. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>9. CHAIRPERSON MAILING ADDRESS (If different)</b>			
Street Address 14 Whitney Ct			Address			
City Plymouth		State CT	Zip Code 06782	City	State Zip Code	
<b>10. CHAIRPERSON TELEPHONE</b>			<b>11. CHAIRPERSON EMAIL ADDRESS</b>			
(Include Area Code) 646 295 6046			ekingemail@gmail.com			
<b>12. TREASURER NAME</b>						
First Name Briana		MI J	Last Name Brumaghim		Suffix	
<b>13. TREASURER RESIDENCE ADDRESS</b>			<b>14. TREASURER MAILING ADDRESS (If different)</b>			
Street Address 13 Holt St # 39			Address			
City Terryville		State CT	Zip Code 06786	City	State Zip Code	
<b>15. TREASURER TELEPHONE</b>			<b>16. TREASURER EMAIL ADDRESS</b>			
(Include Area Code) 860 371 5110			bjbrumaghim@gmail.com			
<b>17. DEPUTY TREASURER NAME</b>						
First Name Paul		MI C	Last Name Gianesini		Suffix	
<b>18. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>19. DEPUTY TREASURER MAILING ADDRESS (If different)</b>			
Street Address 8 Kimann Dr			Address			
City Terryville		State CT	Zip Code 06786	City	State Zip Code	
<b>20. DEPUTY TREASURER TELEPHONE</b>			<b>21. DEPUTY TREASURER EMAIL ADDRESS</b>			
(Include Area Code) 860 202 3994			pgianesini@aol.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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Revised January 2016

Page 2 of 3

REGISTRATION TYPE		COMMITTEE NAME			
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		<b>Plymouth Democratic Town Committee</b>			
<b>22. ALTERNATE DEPUTY TREASURER NAME</b> <i>(State Central Committees ONLY)</i>					
First Name		MI	Last Name		Suffix
<b>23. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>24. ALTERNATE DEPUTY TREASURER MAILING ADDRESS</b> <i>(If different)</i>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>25. ALTERNATE DEPUTY TREASURER TELEPHONE</b> <i>(Include Area Code)</i>		<b>26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS</b>			
<b>27. DEPOSITORY INSTITUTION NAME</b>					
Webster Bank					
<b>28. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 1 North Riverside Ave, Terryville, CT 06786					
<b>29. CERTIFICATION</b>					
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>					
Erin R King			04/07/2020		
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>					
Briana J Brumaghim			04/07/2020		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

# SEEC FORM 2

Revised January 2016

Page 3 of 3

REGISTRATION TYPE	COMMITTEE NAME
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment	<b>Plymouth Democratic Town Committee</b>

## 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.

Paul C Giancesini

DEPUTY TREASURER SIGNATURE

04/08/2020

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)