

SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

Party Committee Registration

Revised January 2016



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Received by SEEC
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REGISTRATION TYPE <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		1. COMMITTEE NAME Southington Democratic Town Committee			2. ACRONYM SDTC	
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 25 S Vernondale Dr City Southington			6. COMMITTEE EMAIL & WEBSITE Email Address adangelo2@mac.com Website southingtondemocrats.org		State CT Zip Code 06489	
7. CHAIRPERSON NAME						
First Name Anthony		MI E	Last Name D'Angelo		Suffix	
8. CHAIRPERSON RESIDENCE ADDRESS Street Address 46 Brookview Pl City Plantsville			9. CHAIRPERSON MAILING ADDRESS (If different) Address City State Zip Code			
State CT Zip Code 06479			City State Zip Code			
10. CHAIRPERSON TELEPHONE (Include Area Code) 860 302 9559			11. CHAIRPERSON EMAIL ADDRESS adangelo2@icloud.com			
12. TREASURER NAME						
First Name James		MI	Last Name Sinclair		Suffix	
13. TREASURER RESIDENCE ADDRESS Street Address 27 Hobart St City Southington			14. TREASURER MAILING ADDRESS (If different) Address City State Zip Code			
State CT Zip Code 06489-33			City State Zip Code			
15. TREASURER TELEPHONE (Include Area Code) 860 840 9644			16. TREASURER EMAIL ADDRESS jdsinclair@cox.net			
17. DEPUTY TREASURER NAME						
First Name Theodore		MI	Last Name Cabata		Suffix	
18. DEPUTY TREASURER RESIDENCE ADDRESS Street Address 29 County Rd City Marion			19. DEPUTY TREASURER MAILING ADDRESS (If different) Address PO Box 627 City State Zip Code			
State CT Zip Code 06444			City State Zip Code CT 06444			
20. DEPUTY TREASURER TELEPHONE (Include Area Code) 860 302 3358			21. DEPUTY TREASURER EMAIL ADDRESS ted.cabata@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		Southington 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					
TD Bank					
28. DEPOSITORY INSTITUTION ADDRESS					
Address 121 Main Street, Southington, CT 06489					
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>					
Anthony E D'Angelo			11/19/2021		
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>					
James Sinclair			11/18/2021		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

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

Theodore Cabata

DEPUTY TREASURER SIGNATURE

11/18/2021

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 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)