

SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

Party Committee Registration

Revised January 2016



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REGISTRATION TYPE <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		1. COMMITTEE NAME Stratford 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			6. COMMITTEE EMAIL & WEBSITE				
Address 41 Yarwood St			Email Address sphilips@stratforddemocrats.com				
City Stratford		State CT	Zip Code 06615		Website www.stratforddemocrats.com		
7. CHAIRPERSON NAME							
First Name Stephanie		MI D	Last Name Philips		Suffix		
8. CHAIRPERSON RESIDENCE ADDRESS			9. CHAIRPERSON MAILING ADDRESS (If different)				
Street Address 41 Yarwood St			Address				
City Stratford		State CT	Zip Code 06615		City	State Zip Code	
10. CHAIRPERSON TELEPHONE			11. CHAIRPERSON EMAIL ADDRESS				
(Include Area Code) 203 377 2119			sphilips@slrgroup.com				
12. TREASURER NAME							
First Name Steve		MI	Last Name Taccogna		Suffix		
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS (If different)				
Street Address 72 Sunflower Ave			Address				
City Stratford		State CT	Zip Code 06614		City	State Zip Code	
15. TREASURER TELEPHONE			16. TREASURER EMAIL ADDRESS				
(Include Area Code) 203 556 3105			Tcognac@gmail.com				
17. DEPUTY TREASURER NAME							
First Name Immacula		MI Johanne	Last Name Cann		Suffix		
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS (If different)				
Street Address 234 Klondike St			Address				
City Stratford		State CT	Zip Code 06614		City	State Zip Code	
20. DEPUTY TREASURER TELEPHONE			21. DEPUTY TREASURER EMAIL ADDRESS				
(Include Area Code) 203 377 2927			immacula6@yahoo.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		Stratford 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					
Webster Bank					
28. DEPOSITORY INSTITUTION ADDRESS					
Address 450 Barnum Avenue Cutoff, Stratford, CT 06614					
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>					
Stephanie D Philips			04/10/2018		
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>					
Steve Taccogna			04/10/2018		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

