SEEC FORM 2

PARTY COMMITTEE REGISTRATION

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 3/07

Do Not Mark in This Space For Official Use Only

REGISTRATION TYPE

☐ INITIAL

☑ AMENDED

1. NAME OF COMMITTEE	2. ACRONYM
West Haven Democratic Town Committee	W.H.D.T.C.

3. COMMITTEE ADDRESS

Address	City	State	Zip Code
24 MOHAWK DR	WEST HAVEN	CT	06516

4. COMMITTEE E-MAIL ADDRESS	5. COMMITTEE WEB SITE ADDRESS

6. CHAIRPERSON NAME

Prefix	First	MI	Last	Suffix
Mr	James	W.	Morrissey	

7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS *(if different)*		
Street Address: 305 COUNTRY HILL DR			Address:		
City: WEST HAVEN	State: CT	Zip Code: 06516	City:	State:	Zip Code:

9. CHAIRPERSON TELEPHONE *(Include Area Code)*	10. CHAIRPERSON E-MAIL ADDRESS
(203) 937 — 0586	

11. TREASURER NAME

Prefix	First	MI	Last	Suffix
	Stephanie		Marazzi	

12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS *(if different)*		
Street Address: 24 MOHAWK DR			Address:		
City: WEST HAVEN	State: CT	Zip Code: 06516	City:	State:	Zip Code:

14. TREASURER TELEPHONE *(Include Area Code)*	15. TREASURER E-MAIL ADDRESS
(203) 937 — 6027	smarazzi@gmail.com

16. DEPUTY TREASURER-1 NAME

Prefix	First	MI	Last	Suffix

17. DEPUTY TREASURER-1 RESIDENCE ADDRESS			18. DEPUTY TREASURER-1 MAILING ADDRESS		
Street Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:

19. DEPUTY TREASURER-1 TELEPHONE	20. DEPUTY TREASURER-1 E-MAIL ADDRESS
( ) —	

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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NAME OF COMMITTEE

West Haven Democratic Town Committee

21. ALTERNATE DEPUTY TREASURER NAME ***(STATE CENTRAL COMMITTEES ONLY)***

Prefix	First	MI	Last	Suffix

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

( ) —

25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS

26. DEPOSITORY INSTITUTION NAME

People's United Bank

27. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
220 Captain Thomas Blvd., West Haven, CT 06516			

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.

James W. Morrissey — CHAIRPERSON (SIGNATURE)

03/17/2008 — 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.

Stephanie Marazzi — TREASURER (SIGNATURE)

03/17/2008 — 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.

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) — DATE (mm/dd/yyyy)

(STATE CENTRAL COMMITTEES ONLY)

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