# SEEC FORM 2

**STATE ELECTIONS ENFORCEMENT COMMISSION**

## Party Committee Registration

**Revised January 2016**



| REGISTRATION TYPE | 1. COMMITTEE NAME | 2. ACRONYM |
|---|---|---|
| ☐ Initial ☑ Amendment | West Haven Democratic Town Committee | WHDTC |

| 3. SUBTYPE OF COMMITTEE | 4. PARTY AFFILIATION |
|---|---|
| ☑ Town Committee ☐ State Central Committee | ☐ Republican ☑ Democrat ☐ Other *(Specify)* |

| 5. COMMITTEE ADDRESS | | | 6. COMMITTEE EMAIL & WEBSITE |
|---|---|---|---|
| Address: 620 Great Circle Rd | | | Email Address: mlast@whdtc.org |
| City: West Haven | State: CT | Zip Code: 06516 | Website: www.whdtc.org |

| 7. CHAIRPERSON NAME | | | |
|---|---|---|---|
| First Name: Michael | MI: P | Last Name: Last | Suffix: |

| 8. CHAIRPERSON RESIDENCE ADDRESS | | | 9. CHAIRPERSON MAILING ADDRESS *(If different)* | | |
|---|---|---|---|---|---|
| Street Address: 62 Great Circle Rd | | | Address: | | |
| City: West Haven | State: CT | Zip Code: 06516 | City: | State: | Zip Code: |

| 10. CHAIRPERSON TELEPHONE | 11. CHAIRPERSON EMAIL ADDRESS |
|---|---|
| *(Include Area Code)* 203 640 8018 | mlast@whdtc.org |

| 12. TREASURER NAME | | | |
|---|---|---|---|
| First Name: Maria (Toni) | MI: | Last Name: Paine | Suffix: |

| 13. TREASURER RESIDENCE ADDRESS | | | 14. TREASURER MAILING ADDRESS *(If different)* | | |
|---|---|---|---|---|---|
| Street Address: 7 Woody Crst | | | Address: | | |
| City: West Haven | State: CT | Zip Code: 06516 | City: | State: | Zip Code: |

| 15. TREASURER TELEPHONE | 16. TREASURER EMAIL ADDRESS |
|---|---|
| *(Include Area Code)* 203 494 9532 | tonigram7@yahoo.com |

| 17. DEPUTY TREASURER NAME | | | |
|---|---|---|---|
| First Name: Patrick | MI: O | Last Name: Egolum | Suffix: |

| 18. DEPUTY TREASURER RESIDENCE ADDRESS | | | 19. DEPUTY TREASURER MAILING ADDRESS *(If different)* | | |
|---|---|---|---|---|---|
| Street Address: 7 Timberland Dr | | | Address: | | |
| City: West Haven | State: CT | Zip Code: 06516 | City: | State: | Zip Code: |

| 20. DEPUTY TREASURER TELEPHONE | 21. DEPUTY TREASURER EMAIL ADDRESS |
|---|---|
| *(Include Area Code)* 203 589 3012 | pegolum@jhnetwork.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 |
|---|---|
| ☐ Initial ☑ Amendment | **West Haven Democratic Town Committee** |

**22. ALTERNATE DEPUTY TREASURER NAME** *(State Central Committees ONLY)*

| First Name | MI | Last Name | Suffix |
|---|---|---|---|
| | | | |

| 23. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS | | | 24. ALTERNATE DEPUTY TREASURER MAILING ADDRESS *(If different)* | | |
|---|---|---|---|---|---|
| Street Address | | | Address | | |
| City | State | Zip Code | City | State | Zip Code |
| | | | | | |

| 25. ALTERNATE DEPUTY TREASURER TELEPHONE | 26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS |
|---|---|
| *(Include Area Code)* | |

**27. DEPOSITORY INSTITUTION NAME**

Nutmeg State Financial Credit Union

**28. DEPOSITORY INSTITUTION ADDRESS**

Address

259 Bull Hill Lane, Orange, CT 06477

**29. CERTIFICATION**

Chairperson

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.

Michael P Last — CHAIRPERSON SIGNATURE

08/14/2019 — DATE (mm/dd/yyyy)

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 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.

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 Statues, 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 treasurer by order of the State Elections Enforcement Commission.

Maria (Toni) Paine — TREASURER SIGNATURE

08/13/2019 — DATE (mm/dd/yyyy)

# SEEC FORM 2

**Revised January 2016**



| REGISTRATION TYPE | COMMITTEE NAME |
|---|---|
| ☐ Initial ☑ Amendment | **West Haven 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 Statues, 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.

Patrick O Egolum
DEPUTY TREASURER SIGNATURE

08/15/2019
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 Statues, 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)