

# SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

## Party Committee Registration

Revised January 2016



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Received by SEEC

04/04/2022 02:35 PM

<b>REGISTRATION TYPE</b> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		<b>1. COMMITTEE NAME</b> <b>Groton Democratic Town Committee</b>			<b>2. ACRONYM</b> GDTC	
<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> Address 375 Allyn St Unit 9 City Mystic			State CT		Zip Code 06355	
			<b>6. COMMITTEE EMAIL &amp; WEBSITE</b> Email Address crotella0304@gmail.com Website grotondems.org			
<b>7. CHAIRPERSON NAME</b>						
First Name Kate		MI	Last Name Rotella		Suffix	
<b>8. CHAIRPERSON RESIDENCE ADDRESS</b> Street Address 375 Allyn St Unit 9 City Mystic			State CT	Zip Code 06355		
			<b>9. CHAIRPERSON MAILING ADDRESS (If different)</b> Address City State Zip Code			
<b>10. CHAIRPERSON TELEPHONE</b> (Include Area Code) 860 885 6225			<b>11. CHAIRPERSON EMAIL ADDRESS</b> crotella0304@gmail.com			
<b>12. TREASURER NAME</b>						
First Name John		MI	Last Name Wirzbicki		Suffix	
<b>13. TREASURER RESIDENCE ADDRESS</b> Street Address 355 Brook St City Noank			State CT	Zip Code 06340		
			<b>14. TREASURER MAILING ADDRESS (If different)</b> Address City State Zip Code			
<b>15. TREASURER TELEPHONE</b> (Include Area Code) 860 694 9272			<b>16. TREASURER EMAIL ADDRESS</b> johnwirzbicki@mac.com			
<b>17. DEPUTY TREASURER NAME</b>						
First Name Eddie		MI	Last Name Jacome		Suffix	
<b>18. DEPUTY TREASURER RESIDENCE ADDRESS</b> Street Address 64 Round Hill Rd City Groton			State CT	Zip Code 06340		
			<b>19. DEPUTY TREASURER MAILING ADDRESS (If different)</b> Address City State Zip Code			
<b>20. DEPUTY TREASURER TELEPHONE</b> (Include Area Code) 860 287 9235			<b>21. DEPUTY TREASURER EMAIL ADDRESS</b> eddyjacome@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		<b>Groton Democratic Town Committee</b>			
22. ALTERNATE DEPUTY TREASURER NAME <small>(State Central Committees ONLY)</small>					
First Name		MI	Last Name		Suffix
23. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS			24. ALTERNATE DEPUTY TREASURER MAILING ADDRESS <small>(If different)</small>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
25. ALTERNATE DEPUTY TREASURER TELEPHONE <small>(Include Area Code)</small>		26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS			
27. DEPOSITORY INSTITUTION NAME					
Charter Oak Federal Credit Union					
28. DEPOSITORY INSTITUTION ADDRESS					
Address 625 Long Hill Road, Groton, CT 06340					
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.          <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">             Kate Rotella              _____              CHAIRPERSON SIGNATURE           </div> <div style="text-align: center;">             03/30/2022              _____              DATE (mm/dd/yyyy)           </div> </div>					
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 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 treasurer by order of the State Elections Enforcement Commission.          <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">             John Wirzbicki              _____              TREASURER SIGNATURE           </div> <div style="text-align: center;">             03/30/2022              _____              DATE (mm/dd/yyyy)           </div> </div>					

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

Eddie Jacome

DEPUTY TREASURER SIGNATURE

03/30/2022

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)