

**SEEC FORM 2****PARTY COMMITTEE REGISTRATION  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**

Rev. 3/07

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Do Not Mark in This Space For  
Official Use Only**REGISTRATION TYPE**

- 
- INITIAL
- 
- 
- AMENDED

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>			
Democratic State Central Committee							
<b>3. COMMITTEE ADDRESS</b>							
Address 330 Main St Fl 3				City Hartford		State CT	Zip Code 06106
<b>4. COMMITTEE E-MAIL ADDRESS</b>				<b>5. COMMITTEE WEB SITE ADDRESS</b>			
atorres@ctdems.org				ctdems.org			
<b>6. CHAIRPERSON NAME</b>							
Prefix	First Nancy		MI J.	Last DiNardo		Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>				<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>			
Street Address 61 Suzanne Cir				Address 330 Main St Fl 3			
City Trumbull		State CT	Zip Code 06611	City Hartford		State CT	Zip Code 06106
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>				<b>10. CHAIRPERSON E-MAIL ADDRESS</b>			
( 860 ) 560 — 1775				ndinardo@ctdems.org			
<b>11. TREASURER NAME</b>							
Prefix	First Emma		MI W.	Last Pierce		Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>				<b>13. TREASURER MAILING ADDRESS (if different)</b>			
Street Address 543 Church St				Address 330 Main St Fl 3			
City New Britain		State CT	Zip Code 06051	City Hartford		State CT	Zip Code 06106
<b>14. TREASURER TELEPHONE (Include Area Code)</b>				<b>15. TREASURER E-MAIL ADDRESS</b>			
( 860 ) 560 — 1177							
<b>16. DEPUTY TREASURER-1 NAME</b>							
Prefix	First Alyssa		MI S	Last Torres		Suffix	
<b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>				<b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>			
Street Address 916 Bartholomew Rd				Address 330 Main St Fl 3			
City Middletown		State CT	Zip Code 06457	City Hartford		State CT	Zip Code 06106
<b>19. DEPUTY TREASURER-1 TELEPHONE</b>				<b>20. DEPUTY TREASURER-1 E-MAIL ADDRESS</b>			
( 860 ) 560 — 1775				atorres@CTDEMS.org			

**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****Democratic State Central Committee****21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)**

Prefix	First	MI	Last	Suffix
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**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**

Peoples Bank

**27. DEPOSITORY INSTITUTION ADDRESS**

Address

1 Financial Plaza, Hartford, CT 06103

City

State

Zip Code

**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.

Nancy J. DiNardo

02/05/2013

CHAIRPERSON (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 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.

Emma W. Pierce

02/06/2013

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 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.

Alyssa S Torres

02/05/2013

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)  
 (STATE CENTRAL COMMITTEES ONLY)

 \_\_\_\_\_  
 DATE (mm/dd/yyyy)

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