

**SEEC FORM 2**

**PARTY COMMITTEE REGISTRATION**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Rev. 3/07  
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 Official Use Only

**REGISTRATION TYPE**

- INITIAL  
 AMENDED

<b>1. NAME OF COMMITTEE</b>			<b>2. ACRONYM</b>		
Democratic State Central Committee			DSCC		
<b>3. COMMITTEE ADDRESS</b>					
Address 30 Arbor St Ste 404			City Hartford	State CT	Zip Code 06106
<b>4. COMMITTEE E-MAIL ADDRESS</b>			<b>5. COMMITTEE WEB SITE ADDRESS</b>		
compliance@ctdems.org			ctdems.org		
<b>6. CHAIRPERSON NAME</b>					
Prefix	First Dominic	MI	Last Balletto	Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>		
Street Address 965 Route 80			Address 30 Arbor St Ste 404		
City Guilford	State CT	Zip Code 06437	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			nballetto@ctdems.org		
<b>11. TREASURER NAME</b>					
Prefix	First Joshua	MI	Last Hall	Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (if different)</b>		
Street Address 28 Canterbury St			Address 30 Arbor St Ste 404		
City Hartford	State CT	Zip Code 06112	City Hartford	State CT	Zip Code 06106
<b>14. TREASURER TELEPHONE (Include Area Code)</b>			<b>15. TREASURER E-MAIL ADDRESS</b>		
( 860 ) 560 — 1775			jhall@ctdems.org		
<b>16. DEPUTY TREASURER-1 NAME</b>					
Prefix Mr	First Arnold	MI	Last Skretta	Suffix	
<b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>			<b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>		
Street Address 71 Tremont St			Address 30 Arbor St Ste 404		
City Hartford	State CT	Zip Code 06106	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			askretta@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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<b>NAME OF COMMITTEE</b>					
Democratic State Central Committee					
<b>21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)</b>					
Prefix	First	MI	Last	Suffix	
<b>22. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>23. ALTERNATE DEPUTY TREASURER MAILING ADDRESS (if different)</b>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>24. ALTERNATE DEPUTY TREASURER TELEPHONE</b>		<b>25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS</b>			
(        )        —					
<b>26. DEPOSITORY INSTITUTION NAME</b>					
People's United Bank					
<b>27. DEPOSITORY INSTITUTION ADDRESS</b>					
Address			City	State	Zip Code
1 Financial Plaza, Hartford, CT 06103					
<b>28. SUBTYPE OF COMMITTEE</b>		<b>29. PARTY DESIGNATION</b>			
<input type="checkbox"/> Town Committee <input checked="" type="checkbox"/> State Central Committee		<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other _____			
<b>30. CERTIFICATION</b>					
<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 of them to those positions.</p>					
			<u>Dominic Balleto</u> CHAIRPERSON (SIGNATURE)	<u>02/05/2015</u> DATE (mm/dd/yyyy)	
<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 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.</p>					
			<u>Joshua Hall</u> TREASURER (SIGNATURE)	<u>02/05/2015</u> DATE (mm/dd/yyyy)	
<p>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.</p>					
			<u>Arnold Skretta</u> DEPUTY TREASURER (SIGNATURE)	<u>02/05/2015</u> DATE (mm/dd/yyyy)	
<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 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.</p>					
			_____ ALTERNATE DEPUTY TREASURER (SIGNATURE) (STATE CENTRAL COMMITTEES ONLY)	_____ DATE (mm/dd/yyyy)	

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