

**SEEC FORM 2****PARTY COMMITTEE REGISTRATION  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**Rev. 3/07  
Page 1 of 2Do Not Mark in This Space For  
Official Use Only**REGISTRATION TYPE**

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- INITIAL
- 
- 
- AMENDED

<b>1. NAME OF COMMITTEE</b>		<b>2. ACRONYM</b>			
Independent Party Of CT - State Central					
<b>3. COMMITTEE ADDRESS</b>					
Address PO Box 2702		City Danbury		State CT	Zip Code 06813
<b>4. COMMITTEE E-MAIL ADDRESS</b>			<b>5. COMMITTEE WEB SITE ADDRESS</b>		
independentpartyctsc@outlook.com					
<b>6. CHAIRPERSON NAME</b>					
Prefix	First John	MI	Last Dietter	Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>		
Street Address 18 Reynolds Rdg			Address		
City Bethel	State CT	Zip Code 06801	City	State	Zip Code
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>			<b>10. CHAIRPERSON E-MAIL ADDRESS</b>		
( 203 ) 942 — 0972					
<b>11. TREASURER NAME</b>					
Prefix Mrs	First Donna	MI L.	Last La France	Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (if different)</b>		
Street Address 7 Lyman Rd			Address		
City Wolcott	State CT	Zip Code 06716	City	State	Zip Code
<b>14. TREASURER TELEPHONE (Include Area Code)</b>			<b>15. TREASURER E-MAIL ADDRESS</b>		
( 203 ) 441 — 4060					
<b>16. DEPUTY TREASURER-1 NAME</b>					
Prefix Mr	First Roger	MI A	Last Palanzo	Suffix Sr	
<b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>			<b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>		
Street Address 45 Briarwood Dr			Address		
City Danbury	State CT	Zip Code 06810	City	State	Zip Code
<b>19. DEPUTY TREASURER-1 TELEPHONE</b>			<b>20. DEPUTY TREASURER-1 E-MAIL ADDRESS</b>		
( 203 ) 744 — 9029			rapalanzo@outlook.com		

**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**

Independent Party Of CT - State Central

**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**

Savings Bank of Danbury

**27. DEPOSITORY INSTITUTION ADDRESS**

Address 35 West Street, Danbury, CT 06810	City	State	Zip Code
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**28. SUBTYPE OF COMMITTEE**
 Town Committee     State Central Committee
**29. PARTY DESIGNATION**
 Republican     Democratic     Other Independent Party
**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.

John Dietter

03/19/2015

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.

Donna L. La France

03/19/2015

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.

Roger A Palanzo

03/19/2015

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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