

# SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

## Party Committee Registration

Revised January 2016



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<b>REGISTRATION TYPE</b>		<b>1. COMMITTEE NAME</b>				<b>2. ACRONYM</b>	
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		<b>A Sentinel Party - Willington</b>				ASP	
<b>3. SUBTYPE OF COMMITTEE</b>			<b>4. PARTY AFFILIATION</b>				
<input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee			<input type="checkbox"/> Republican <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Other ( <i>Specify</i> ) <u>A Sentinel Party</u>				
<b>5. COMMITTEE ADDRESS</b>				<b>6. COMMITTEE EMAIL &amp; WEBSITE</b>			
Address PO Box 402				Email Address questions@asentinelparty.com			
City Willington		State CT	Zip Code 06279	Website www.asentinelparty.com			
<b>7. CHAIRPERSON NAME</b>							
First Name John		MI	Last Name Patton		Suffix		
<b>8. CHAIRPERSON RESIDENCE ADDRESS</b>				<b>9. CHAIRPERSON MAILING ADDRESS (<i>If different</i>)</b>			
Street Address 340 Tolland Tpke				Address PO Box 316			
City Willington		State CT	Zip Code 06279	City Willington		State CT	Zip Code 06279
<b>10. CHAIRPERSON TELEPHONE</b>			<b>11. CHAIRPERSON EMAIL ADDRESS</b>				
<i>(Include Area Code)</i> 860    614    3426			JohnWPatton@msn.com				
<b>12. TREASURER NAME</b>							
First Name Darryl		MI B	Last Name Peters		Suffix		
<b>13. TREASURER RESIDENCE ADDRESS</b>				<b>14. TREASURER MAILING ADDRESS (<i>If different</i>)</b>			
Street Address 37 Jared Sparks Rd				Address			
City Willington		State CT	Zip Code 06279	City		State	Zip Code
<b>15. TREASURER TELEPHONE</b>			<b>16. TREASURER EMAIL ADDRESS</b>				
<i>(Include Area Code)</i> 860    429    3869			petersdb@yahoo.com				
<b>17. DEPUTY TREASURER NAME</b>							
First Name Diane		MI L	Last Name Becker		Suffix		
<b>18. DEPUTY TREASURER RESIDENCE ADDRESS</b>				<b>19. DEPUTY TREASURER MAILING ADDRESS (<i>If different</i>)</b>			
Street Address 340 Tolland Tpke				Address PO Box 535			
City Willington		State CT	Zip Code 06279	City Willington		State CT	Zip Code 06279
<b>20. DEPUTY TREASURER TELEPHONE</b>			<b>21. DEPUTY TREASURER EMAIL ADDRESS</b>				
<i>(Include Area Code)</i> 860    429    2461			beckerace@aol.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>A Sentinel Party - Willington</b>			
<b>22. ALTERNATE DEPUTY TREASURER NAME</b> <i>(State Central Committees ONLY)</i>					
First Name		MI	Last Name		Suffix
<b>23. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>24. ALTERNATE DEPUTY TREASURER MAILING ADDRESS</b> <i>(If different)</i>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>25. ALTERNATE DEPUTY TREASURER TELEPHONE</b> <i>(Include Area Code)</i>		<b>26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS</b>			
<b>27. DEPOSITORY INSTITUTION NAME</b>					
Key Bank					
<b>28. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 7 Phelps Way, Willington, CT 06279					
<b>29. CERTIFICATION</b>					
Chairperson					
<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 to such position.</p>					
John Patton			10/11/2018		
CHAIRPERSON SIGNATURE			DATE (mm/dd/yyyy)		
Treasurer					
<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 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.</p>					
<p>I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.</p>					
<p>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.</p>					
<p>I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.</p>					
Darryl B Peters			10/11/2018		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

