

**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>		
Stamford Democratic City Committee			SDCC		
<b>3. COMMITTEE ADDRESS</b>					
Address 1 Clover Hill Dr			City Stamford	State CT	Zip Code 06902
<b>4. COMMITTEE E-MAIL ADDRESS</b>			<b>5. COMMITTEE WEB SITE ADDRESS</b>		
clairsie@aol.com			stamforddems.com		
<b>6. CHAIRPERSON NAME</b>					
Prefix	First	MI	Last	Suffix	
	John		Mallozzi		
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (if different)</b>		
Street Address 132 Hope St			Address		
City	State	Zip Code	City	State	Zip Code
Stamford	CT	06906			
<b>9. CHAIRPERSON TELEPHONE (Include Area Code)</b>			<b>10. CHAIRPERSON E-MAIL ADDRESS</b>		
( 203 ) 359 — 0608			john351@email.com		
<b>11. TREASURER NAME</b>					
Prefix	First	MI	Last	Suffix	
Mrs	Claire	R.	Fishman		
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (if different)</b>		
Street Address 1 Clover Hill Dr			Address		
City	State	Zip Code	City	State	Zip Code
Stamford	CT	06902			
<b>14. TREASURER TELEPHONE (Include Area Code)</b>			<b>15. TREASURER E-MAIL ADDRESS</b>		
( 203 ) 324 — 7933			clairsie@aol.com		
<b>16. DEPUTY TREASURER-1 NAME</b>					
Prefix	First	MI	Last	Suffix	
	Jacquelin	B.	Heftman		
<b>17. DEPUTY TREASURER-1 RESIDENCE ADDRESS</b>			<b>18. DEPUTY TREASURER-1 MAILING ADDRESS</b>		
Street Address 97 Acre View Dr			Address		
City	State	Zip Code	City	State	Zip Code
Stamford	CT	06903			
<b>19. DEPUTY TREASURER-1 TELEPHONE</b>			<b>20. DEPUTY TREASURER-1 E-MAIL ADDRESS</b>		
( 203 ) 329 — 8108			jheftman2010@gmail.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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<b>NAME OF COMMITTEE</b>					
Stamford Democratic City 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>					
Wells Fargo Bank					
<b>27. DEPOSITORY INSTITUTION ADDRESS</b>					
Address			City	State	Zip Code
High Ridge Road, Stamford, CT 06905					
<b>28. SUBTYPE OF COMMITTEE</b>		<b>29. PARTY DESIGNATION</b>			
<input checked="" type="checkbox"/> Town Committee <input 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>John Mallozzi</u> CHAIRPERSON (SIGNATURE)			<u>07/17/2013</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>Claire R. Fishman</u> TREASURER (SIGNATURE)			<u>07/18/2013</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>Jacquelin B. Heftman</u> DEPUTY TREASURER (SIGNATURE)			<u>07/19/2013</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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