

SEEC FORM 2

PARTY COMMITTEE REGISTRATION
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 3/07
 Page 1 of 2



Do Not Mark in This Space For
 Official Use Only

REGISTRATION TYPE

- INITIAL
 AMENDED

1. NAME OF COMMITTEE			2. ACRONYM		
Working Families Campaign Committee			WFCC		
3. COMMITTEE ADDRESS					
Address 30 Arbor St # 210			City Hartford	State CT	Zip Code 06106
4. COMMITTEE E-MAIL ADDRESS			5. COMMITTEE WEB SITE ADDRESS		
			www.ct-workingfamilies.org		
6. CHAIRPERSON NAME					
Prefix	First Salvatore	MI C	Last Luciano	Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (if different)		
Street Address 947 Bunker Hill Rd			Address		
City Watertown	State CT	Zip Code 06795	City	State	Zip Code
9. CHAIRPERSON TELEPHONE (Include Area Code)			10. CHAIRPERSON E-MAIL ADDRESS		
(860) 224 — 4000			sluciano@council4.org		
11. TREASURER NAME					
Prefix	First Timothy	MI J	Last Sullivan	Suffix	
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (if different)		
Street Address 28 Robin Dr			Address		
City Barkhamsted	State CT	Zip Code 06063	City	State	Zip Code
14. TREASURER TELEPHONE (Include Area Code)			15. TREASURER E-MAIL ADDRESS		
(860) 650 — 5432			ctorganizer@sbcglobal.net		
16. DEPUTY TREASURER-1 NAME					
Prefix	First Nina	MI K	Last Huang	Suffix	
17. DEPUTY TREASURER-1 RESIDENCE ADDRESS			18. DEPUTY TREASURER-1 MAILING ADDRESS		
Street Address 6 Padgett Pl			Address 31 Owen St # 303		
City Waterford	State CT	Zip Code 06385	City Hartford	State CT	Zip Code 06105
19. DEPUTY TREASURER-1 TELEPHONE			20. DEPUTY TREASURER-1 E-MAIL ADDRESS		
(860) 961 — 4832			ninakhuang@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.

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

Rev. 3/07

Page 2 of 2

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

-
- INITIAL
-
-
- AMENDED

NAME OF COMMITTEE					
Working Families Campaign Committee					
21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)					
Prefix	First	MI	Last	Suffix	
22. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS			23. ALTERNATE DEPUTY TREASURER MAILING ADDRESS (if different)		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
24. ALTERNATE DEPUTY TREASURER TELEPHONE		25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS			
() —					
26. DEPOSITORY INSTITUTION NAME					
Liberty Bank					
27. DEPOSITORY INSTITUTION ADDRESS					
Address			City	State	Zip Code
970 Farmington Avenue, West Hartford, CT 06107					
28. SUBTYPE OF COMMITTEE		29. PARTY DESIGNATION			
<input type="checkbox"/> Town Committee <input checked="" type="checkbox"/> State Central Committee		<input type="checkbox"/> Republican <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Other <u>Working Families</u>			
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.					
			Salvatore C Luciano	05/01/2012	
			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.					
			Timothy J Sullivan	04/16/2012	
			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.					
			Nina K Huang	04/13/2012	
			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)	

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.