

SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

Party Committee Registration

Revised January 2016



Page 1 of 3

Received by SEEC

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REGISTRATION TYPE <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		1. COMMITTEE NAME Working Families Campaign Committee			2. ACRONYM WFCC	
3. SUBTYPE OF COMMITTEE <input type="checkbox"/> Town Committee <input checked="" type="checkbox"/> State Central Committee			4. PARTY AFFILIATION <input type="checkbox"/> Republican <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Other (Specify) <u>Working Families</u>			
5. COMMITTEE ADDRESS				6. COMMITTEE EMAIL & WEBSITE		
Address 30 Arbor St # 210				Email Address ctcompliance@workingfamilies.org		
City Hartford		State CT	Zip Code 06106	Website www.workingfamilies.org		
7. CHAIRPERSON NAME						
First Name Janee		MI MI	Last Name Woods Weber		Suffix	
8. CHAIRPERSON RESIDENCE ADDRESS			9. CHAIRPERSON MAILING ADDRESS (If different)			
Street Address 777 Prospect Ave # 3			Address			
City West Hartford		State CT	Zip Code 06105	City	State Zip Code	
10. CHAIRPERSON TELEPHONE			11. CHAIRPERSON EMAIL ADDRESS			
(Include Area Code) 914 720 6702						
12. TREASURER NAME						
First Name Amy		MI MI	Last Name O'Connor		Suffix	
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS (If different)			
Street Address 15 Mazzotta Pl			Address			
City Middletown		State CT	Zip Code 06457	City	State Zip Code	
15. TREASURER TELEPHONE			16. TREASURER EMAIL ADDRESS			
(Include Area Code) 860 515 7055			ctcompliance@workingfamilies.org			
17. DEPUTY TREASURER NAME						
First Name Matthew		MI R	Last Name Wagner		Suffix	
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address 125 Sterling St			Address 168 Grasmere Ave			
City Fairfield		State CT	Zip Code 06825	City Fairfield	State CT Zip Code 06824	
20. DEPUTY TREASURER TELEPHONE			21. DEPUTY TREASURER EMAIL ADDRESS			
(Include Area Code) 860 214 0726			ctcompliance@workingfamilies.org			

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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Page 2 of 3

REGISTRATION TYPE		COMMITTEE NAME			
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		Working Families Campaign Committee			
22. ALTERNATE DEPUTY TREASURER NAME <i>(State Central Committees ONLY)</i>					
First Name		MI	Last Name		Suffix
23. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS			24. ALTERNATE DEPUTY TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
25. ALTERNATE DEPUTY TREASURER TELEPHONE <i>(Include Area Code)</i>		26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS			
27. DEPOSITORY INSTITUTION NAME					
Liberty Bank					
28. DEPOSITORY INSTITUTION ADDRESS					
Address 970 Farmington Avenue, West Hartford, CT 06107					
29. CERTIFICATION					
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>					
Janee Woods Weber			07/21/2021		
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>					
Amy O'Connor			07/21/2021		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

