



# SEEC FORM 3

**Political Committee (PAC) Registration**  
STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised September 2012

REGISTRATION TYPE
<input type="radio"/> Original
<input checked="" type="radio"/> Amendment/ Biennial with Changes

1. NAME OF COMMITTEE				2. ACRONYM	
Connecticut Young Democrats				CTYD	
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE		
Address 330 Main St Fl 3			Email ctyoungdemocrats@gmail.com		
City Hartford	State CT	Zip Code 06106	Website		
6. CHAIRPERSON NAME					
First Name Matthew	MI E.	Last Name Salner		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 87 Pilgrim Rd			Address		
City West Hartford	State CT	Zip Code 06117	City	State	Zip Code
9. CHAIRPERSON TELEPHONE		10. CHAIRPERSON E-MAIL ADDRESS			
(Include Area Code) 860 604 2668		mattsalner@gmail.com			
11. TREASURER NAME					
First Name Andrew	MI	Last Name Small		Suffix	
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 338 Orange St Apt 201			Address		
City New Haven	State CT	Zip Code 06511	City	State	Zip Code
14. TREASURER TELEPHONE		15. TREASURER E-MAIL ADDRESS			
(Include Area Code) 203 815 7543		asmall612@gmail.com			
16. DEPUTY TREASURER NAME					
First Name	MI	Last Name		Suffix	
17. DEPUTY TREASURER RESIDENCE ADDRESS			18. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
19. DEPUTY TREASURER TELEPHONE		20. DEPUTY TREASURER E-MAIL ADDRESS			
(Include Area Code)					
21. DEPOSITORY INSTITUTION NAME					
Bank of America					
22. DEPOSITORY INSTITUTION ADDRESS					
Address 147 Washington Street, Hartford, CT 06106					

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.

NAME OF COMMITTEE		REGISTRATION TYPE	
		<input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
Laura E Bartok		Communications Director	
OFFICER RESIDENCE ADDRESS			
Address 140 Carriage Rd	City Bristol	State CT	Zip Code 06010
23A. OFFICER NAME		TITLE OR POSITION	
Jessica Stram		National Committee Woman	
OFFICER RESIDENCE ADDRESS			
Address 38 Walnut Ln	City Wallingford	State CT	Zip Code 06492
23B. OFFICER NAME		TITLE OR POSITION	
Mike Smith		Vice President of Political Affairs	
OFFICER RESIDENCE ADDRESS			
Address 394 Gulf St	City Milford	State CT	Zip Code 06460-65
23C. OFFICER NAME		TITLE OR POSITION	
Peter J Brazaitis		Vice President of Organization & Development	
OFFICER RESIDENCE ADDRESS			
Address 155 Woodchuck Ln	City Harwinton	State CT	Zip Code 06791
23D. OFFICER NAME		TITLE OR POSITION	
Ellen M Graham		Vice President of Finance	
OFFICER RESIDENCE ADDRESS			
Address 656 Farmington Ave	City Hartford	State CT	Zip Code 06105
23E. OFFICER NAME		TITLE OR POSITION	
Matt LeBeau		Secretary	
OFFICER RESIDENCE ADDRESS			
Address 4 Gorman Pl	City East Hartford	State CT	Zip Code 06108
23F. OFFICER NAME		TITLE OR POSITION	
Kim Glassman		Executive Vice President	
OFFICER RESIDENCE ADDRESS			
Address 369 Coe Ave Apt 14	City East Haven	State CT	Zip Code 06512
23G. OFFICER NAME		TITLE OR POSITION	
Daniel D Dauplaise		National Committeeman	
OFFICER RESIDENCE ADDRESS			
Address 108 Mayapple Rd	City Stamford	State CT	Zip Code 06901





NAME OF COMMITTEE	REGISTRATION TYPE
	<input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes

**41. CERTIFICATION** *continued*

Deputy Treasurer

**Initial Committee Registration:** I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political 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.

**Amended Committee Registration:** I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political 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.

**Biennial Committee Re-Registration:** I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political 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. I further hereby certify and state, under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
DEPUTY TREASURER SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)

**42. CERTIFICATION FOR LEGISLATIVE LEADERSHIP COMMITTEES ONLY**

Legislative Leader

I hereby certify and state, under penalties of false statement, that this political committee has been designated by me, a General Assembly Leader, as a Legislative Leadership Committee, in accordance with Section 9-605(e)(3) of the Connecticut General Statutes.

\_\_\_\_\_  
LEGISLATIVE LEADER SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)

**ADDITIONAL PAGES FOR SEEC FORM 3**

If additional pages are needed to complete all information required in Sections 23, 27, 31, 32, 37 and 39 of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the SEEC Form 3.