

SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

Exploratory Committee Registration

Revised September 2016



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07/21/2021 08:19 AM

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REGISTRATION TYPE		1. COMMITTEE NAME			
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		Friends of Darryl Brackeen Jr Exploratory Committee			
2. SUBTYPE OF EXPLORATORY COMMITTEE <i>(Office(s) being considered—Check one box)</i>					
<input type="checkbox"/> A. Offices Include Statewide Office & General Assembly Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input checked="" type="checkbox"/> B. Offices Include Statewide Offices Only Including State Treasurer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input type="checkbox"/> C. Offices Include General Assembly Only Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> D. Municipal & Other Offices excluding those in Box A, B and C. _____ <i>(Name of municipality—if applicable)</i>					
3. PARTY AFFILIATION				4. ELECTION DATE <i>(mm/dd/yyyy)</i>	
<input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Other <i>(Specify)</i> _____				Nov 2022	
5. COMMITTEE ADDRESS			6. COMMITTEE EMAIL & WEBSITE		
Address PO Box 3375			Email Address brackeenfriends@gmail.com		
City New Haven	State CT	Zip Code 06515	Website darrylbrackeenjr.org		
7. CANDIDATE NAME					
First Name Darryl		MI James	Last Name Brackeen		Suffix Jr
8. CANDIDATE RESIDENCE ADDRESS			9. CANDIDATE MAILING ADDRESS <i>(If different)</i>		
Street Address 360 Fountain St Unit 18			Address PO Box 3375		
City New Haven	State CT	Zip Code 06515	City Westville	State CT	Zip Code 06515
10. CANDIDATE TELEPHONE <i>(Include Area Code)</i>			11. CANDIDATE EMAIL ADDRESS		
203 479 2855			brackeenfriends@gmail.com		

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<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		Friends of Darryl Brackeen Jr Exploratory Committee					
12. TREASURER NAME							
First Name			MI	Last Name		Suffix	
Rhonda				Caldwell			
13. TREASURER RESIDENCE ADDRESS				14. TREASURER MAILING ADDRESS <i>(If different)</i>			
Street Address				Address			
317 Aspen Glen Dr							
City		State	Zip Code	City		State	
Hamden		CT	06518				
15. TREASURER TELEPHONE			16. TREASURER EMAIL ADDRESS				
<i>(Include Area Code)</i>							
203 988 2571			rcaldwell6140@gmail.com				
17. DEPUTY TREASURER NAME							
First Name			MI	Last Name		Suffix	
Kelly			L	Falcone			
18. DEPUTY TREASURER RESIDENCE ADDRESS				19. DEPUTY TREASURER MAILING ADDRESS <i>(If different)</i>			
Street Address				Address			
95 Woodcrest Rd							
City		State	Zip Code	City		State	
Fairfield		CT	06824				
20. DEPUTY TREASURER TELEPHONE			21. DEPUTY TREASURER EMAIL ADDRESS				
<i>(Include Area Code)</i>							
516 551 1699			kfalcone2021@gmail.com				
22. DEPOSITORY INSTITUTION NAME							
TD Bank North							
23. DEPOSITORY INSTITUTION ADDRESS							
Address							
2992 Dixwell Avenue, Hamden, CT 06518							

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24. CERTIFICATION

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this exploratory 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 my treasurer or deputy treasurer have indicated to me their acceptance of such position.

Darryl James Brackeen Jr

07/20/2021

CANDIDATE SIGNATURE

DATE (mm/dd/yyyy)

Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated Treasurer of this exploratory 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.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

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.

I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.

Rhonda Caldwell

07/20/2021

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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24. CERTIFICATION *continued*

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated Deputy Treasurer of this exploratory 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 to discharge all of the duties required of the vacating treasurer. 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.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

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.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

Kelly L Falcone

DEPUTY TREASURER SIGNATURE

07/20/2021

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.