

# SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

## Party Committee Registration

Revised January 2016



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Received by SEEC

08/15/2014 12:00 AM

<b>REGISTRATION TYPE</b> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		<b>1. COMMITTEE NAME</b> <b>Hartford Democratic Town Committee</b>			<b>2. ACRONYM</b> HDTC	
<b>3. SUBTYPE OF COMMITTEE</b> <input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee			<b>4. PARTY AFFILIATION</b> <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Other (Specify) _____			
<b>5. COMMITTEE ADDRESS</b> Address 823 Wethersfield Ave City Hartford			State CT	Zip Code 06103	<b>6. COMMITTEE EMAIL &amp; WEBSITE</b> Email Address kariya9@comcast.net Website	
<b>7. CHAIRPERSON NAME</b>						
First Name Marc		MI	Last Name DiBella		Suffix	
<b>8. CHAIRPERSON RESIDENCE ADDRESS</b> Street Address 1 Gold St Unit 24K City Hartford			State CT	Zip Code 06103	<b>9. CHAIRPERSON MAILING ADDRESS (If different)</b> Address 1 Gold St Unit 27J City Hartford	
State CT		Zip Code 06103		State CT	Zip Code 06103	
<b>10. CHAIRPERSON TELEPHONE</b> (Include Area Code) 860 982 1086			<b>11. CHAIRPERSON EMAIL ADDRESS</b> kariya9@comcast.net			
<b>12. TREASURER NAME</b>						
First Name Albi		MI	Last Name Sako		Suffix	
<b>13. TREASURER RESIDENCE ADDRESS</b> Street Address 823 Wethersfield Ave City Hartford			State CT	Zip Code 06114	<b>14. TREASURER MAILING ADDRESS (If different)</b> Address City State Zip Code	
State CT		Zip Code 06114		State	Zip Code	
<b>15. TREASURER TELEPHONE</b> (Include Area Code) 860 818 9867			<b>16. TREASURER EMAIL ADDRESS</b> albisako@hotmail.com			
<b>17. DEPUTY TREASURER NAME</b>						
First Name James		MI M	Last Name Mullarkey		Suffix	
<b>18. DEPUTY TREASURER RESIDENCE ADDRESS</b> Street Address 105 Bloomfield Ave City Hartford			State CT	Zip Code 06105	<b>19. DEPUTY TREASURER MAILING ADDRESS (If different)</b> Address City State Zip Code	
State CT		Zip Code 06105		State	Zip Code	
<b>20. DEPUTY TREASURER TELEPHONE</b> (Include Area Code) 860 306 0135			<b>21. DEPUTY TREASURER EMAIL ADDRESS</b> jaymullarkey@comcast.net			

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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REGISTRATION TYPE		COMMITTEE NAME			
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		<b>Hartford Democratic Town Committee</b>			
<b>22. ALTERNATE DEPUTY TREASURER NAME</b> <i>(State Central Committees ONLY)</i>					
First Name		MI	Last Name		Suffix
<b>23. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>24. ALTERNATE DEPUTY TREASURER MAILING ADDRESS</b> <i>(If different)</i>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>25. ALTERNATE DEPUTY TREASURER TELEPHONE</b> <i>(Include Area Code)</i>		<b>26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS</b>			
<b>27. DEPOSITORY INSTITUTION NAME</b>					
Citizens Bank					
<b>28. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 190 Trumbull Street, Hartford, CT 06103					
<b>29. CERTIFICATION</b>					
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>					
Marc DiBella			08/12/2014		
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>					
Albi Sako			08/12/2014		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

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REGISTRATION TYPE	COMMITTEE NAME
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment	<b>Hartford Democratic Town Committee</b>

## 29. CERTIFICATION *continued*

Deputy Treasurer

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 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. In the event I am the deputy treasurer of a state central committee which has appointed an alternate deputy treasurer and there is a vacancy in treasurer, I shall automatically become jointly and severally responsible with the state central committee's other deputy treasurer for discharging 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.

James M Mullarkey

DEPUTY TREASURER SIGNATURE

08/12/2014

DATE (mm/dd/yyyy)

Alternate Deputy Treasurer—*State Central Committees ONLY*

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 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 central committee's other deputy treasurer for discharging 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.

\_\_\_\_\_  
ALTERNATE DEPUTY TREASURER SIGNATURE—*State Central Committees ONLY*

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