

# SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

## Party Committee Registration

Revised January 2016



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Received by SEEC

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<b>REGISTRATION TYPE</b> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		<b>1. COMMITTEE NAME</b> Middletown Democratic Town Committee				<b>2. ACRONYM</b> MDTC	
<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 28 Prospect St City Middletown			State CT	Zip Code 06457	<b>6. COMMITTEE EMAIL &amp; WEBSITE</b> Email Address dems.middletown@gmail.com Website www.middletownctdemocrats.com		
<b>7. CHAIRPERSON NAME</b>							
First Name Michael		MI	Last Name Fallon		Suffix		
<b>8. CHAIRPERSON RESIDENCE ADDRESS</b> Street Address 28 Prospect St City Middletown				State CT	Zip Code 06457	<b>9. CHAIRPERSON MAILING ADDRESS (If different)</b> Address City State Zip Code	
<b>10. CHAIRPERSON TELEPHONE</b> (Include Area Code) 860 918 0078			<b>11. CHAIRPERSON EMAIL ADDRESS</b> michaelfallon52@gmail.com				
<b>12. TREASURER NAME</b>							
First Name Christine		MI	Last Name Bourne		Suffix		
<b>13. TREASURER RESIDENCE ADDRESS</b> Street Address 17 Red Orange Rd City Middletown				State CT	Zip Code 06457	<b>14. TREASURER MAILING ADDRESS (If different)</b> Address City State Zip Code	
<b>15. TREASURER TELEPHONE</b> (Include Area Code) 860 670 4571			<b>16. TREASURER EMAIL ADDRESS</b> bourne@comcast.net				
<b>17. DEPUTY TREASURER NAME</b>							
First Name Beverly		MI	Last Name Lawrence		Suffix		
<b>18. DEPUTY TREASURER RESIDENCE ADDRESS</b> Street Address 452 Long Ln City Middletown				State CT	Zip Code 06457	<b>19. DEPUTY TREASURER MAILING ADDRESS (If different)</b> Address City State Zip Code	
<b>20. DEPUTY TREASURER TELEPHONE</b> (Include Area Code) 860 704 9599			<b>21. DEPUTY TREASURER EMAIL ADDRESS</b> blawrence022@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>Middletown 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>					
Liberty Bank					
<b>28. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 463 South Main Street, Middletown, CT 06457					
<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>					
Michael Fallon			09/23/2021		
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>					
Christine Bourne			09/23/2021		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

