

# SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

## Party Committee Registration

Revised January 2016



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Received by SEEC

04/07/2026 07:18 PM

<b>REGISTRATION TYPE</b> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		<b>1. COMMITTEE NAME</b> Watertown-Oakville Town Committee, Independent Party			<b>2. ACRONYM</b> WOITC	
<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 type="checkbox"/> Democrat <input checked="" type="checkbox"/> Other (Specify) Independent Party			
<b>5. COMMITTEE ADDRESS</b> Address 31 Cottage Pl City Oakville State CT Zip Code 06779			<b>6. COMMITTEE EMAIL &amp; WEBSITE</b> Email Address wtnindependents@gmail.com Website watertownindependents.org			
<b>7. CHAIRPERSON NAME</b>						
First Name Krista		MI M	Last Name Palomba		Suffix	
<b>8. CHAIRPERSON RESIDENCE ADDRESS</b> Street Address 480 Echo Lake Rd City Watertown State CT Zip Code 06795			<b>9. CHAIRPERSON MAILING ADDRESS (If different)</b> Address City State Zip Code			
<b>10. CHAIRPERSON TELEPHONE</b> (Include Area Code) 203 528 5415			<b>11. CHAIRPERSON EMAIL ADDRESS</b> kristapalomba31@gmail.com			
<b>12. TREASURER NAME</b>						
First Name Rose		MI M	Last Name Soboleski		Suffix	
<b>13. TREASURER RESIDENCE ADDRESS</b> Street Address 456 Davis St City Oakville State CT Zip Code 06779			<b>14. TREASURER MAILING ADDRESS (If different)</b> Address City State Zip Code			
<b>15. TREASURER TELEPHONE</b> (Include Area Code) 203 217 9786			<b>16. TREASURER EMAIL ADDRESS</b> rsoboleski@snet.net			
<b>17. DEPUTY TREASURER NAME</b>						
First Name Frances		MI P	Last Name Popilowski		Suffix	
<b>18. DEPUTY TREASURER RESIDENCE ADDRESS</b> Street Address 35 Chestnut Ave City Oakville State CT Zip Code 06779			<b>19. DEPUTY TREASURER MAILING ADDRESS (If different)</b> Address City State Zip Code			
<b>20. DEPUTY TREASURER TELEPHONE</b> (Include Area Code) 203 509 9572			<b>21. DEPUTY TREASURER EMAIL ADDRESS</b> francespopilowski@icloud.com			

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>Watertown-Oakville Town Committee, Independent Party</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>					
Thomaston Savings Bank					
<b>28. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 565 Main Street, Watertown, CT 06795					
<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>					
Krista M Palomba			04/07/2026		
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>					
Rose M Soboleski			03/27/2026		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

