

# CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION



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## INSTRUCTIONS FOR SEEC FORM 2 PARTY COMMITTEE REGISTRATION

Rev. 3/07

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### **SEEC MAILING ADDRESS:**

CONNECTICUT ELECTIONS ENFORCEMENT COMMISSION  
CAMPAIGN FINANCE DISCLOSURE UNIT—3RD FLOOR  
20 TRINITY STREET  
HARTFORD, CONNECTICUT 06106-1628

### **SEEC TELEPHONE NUMBER:**

MAIN NUMBER:	860-256-2940
TOLL FREE WITHIN CT:	1-866-SEEC-INFO
FAX NUMBER :	860-256-2981
SEEC WEBSITE ADDRESS:	<a href="http://www.ct.gov/seec">www.ct.gov/seec</a>

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**GENERAL TERMS**

**WHAT IS A PARTY COMMITTEE?**

A Party Committee is defined as a Town Committee or a State Central Committee, but does not include party-affiliated district ward or borough committees.

**PURPOSE OF DESIGNATION AND WHERE TO FILE?**

The chairperson of each party committee *must* designate a treasurer, who must be an elector (registered voter) of this state, to be responsible for receiving contributions, making expenditures and filing the financial disclosure statements required by Sec. 9-608j, General Statutes. A deputy treasurer *may* also be appointed and must have the same qualifications as the treasurer. Only one individual may be appointed as deputy treasurer on behalf of a town committee; whereas two individuals may be designated to serve as deputy treasurers on behalf of a state central committee. The chairperson's designation of a treasurer or a deputy treasurer must be co-signed by such individuals signifying their acceptance of the appointment. A single checking account must be established with a depository institution in this state. Please note that whenever any information contained on this SEEC FORM 2 changes, the chairperson must file an amended SEEC FORM 2 within ten (10) days of the date of the change.

On and after December 31, 2006, the SEEC FORM 2, Party Committee Registration, must be filed with the **State Elections Enforcement Commission, Campaign Finance Disclosure Unit—3<sup>rd</sup> Floor, 20 Trinity St., Hartford, CT 06106-1628**. In addition, town committees must submit a copy of its filing with the State Elections Enforcement Commission to the Town Clerk of the municipality in which it is situated.

**ADDITIONAL INFORMATIONAL RESOURCES**

For complete rules and definitions relating to party committees, you are urged to read "A Guide for Party Committees", which is available at the State Election Enforcement Commission's offices or on its webpage located at [www.ct.gov/seec](http://www.ct.gov/seec) after clicking on the "Publications" link.

**QUESTIONS?**

If you have any questions concerning filing dates, need additional forms, or if you need guidance in the proper campaign finance reporting or have questions pertaining to the interpretation of the campaign finance statutes, please call the State Elections Enforcement Commission in Hartford at 860-256-2940 or toll free within Connecticut at 866-733-2463 (outside of the Hartford area).

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**SEEC FORM 2 INSTRUCTIONS**

**REGISTRATION TYPE**

**Initial:** Check this box if the chairperson of the party committee is filing the party committee's first SEEC FORM 2.

Each party chairperson will be required to re-register with the State Elections Enforcement Commission by January 5, 2007.

**Amended:** Check this box if changes are being made by the chairperson to information on a previously filed SEEC FORM 2. You may amend by adding *only* the new or updated information that has changed since the previously filed SEEC FORM 2. Please note that whenever any information contained on this SEEC FORM 2 changes, the chair must file an amended SEEC FORM 2 within ten (10) days of the date of the change.

**COMMITTEE INFORMATION**

- 1. Committee Name:** Provide the full name of the committee.
- 2. Acronym:** Provide the committee's acronym, if any. The committee's acronym is an abbreviation of the committee's name or a word formed from the initial letters of the committee's name. **Example:** WHRTC for West Hartford Republican Town Committee.
- 3. Committee Address:** Provide the full and complete address of the committee, if any, which must contain street number, street name, or P.O. Box, town, state, and zip code. P.O. boxes *are* acceptable as a committee address.
- 4. Committee E-Mail Address:** Provide the committee's e-mail address, if any.
- 5. Committee Web Site Address:** Provide the committee's web site address, if any.

**CHAIRPERSON INFORMATION**

The party's chairperson is generally elected by the party committee membership. He/she is responsible for signing the SEEC FORM 2, entitled "Party Committee Registration" as the designated chairperson, and for submitting and certifying to the truth and accuracy of all of the other designations entered on the form.

- 6. Chairperson Name:** Provide the full name of the chairperson; prefix, first name, middle initial, last name and suffix, if any.
- 7. Chairperson Residence Address:** Provide the full and complete residence address of the chairperson, which must contain street number, street name, town and zip code. P.O. Boxes are *not* acceptable as a residence address.
- 8. Chairperson Mailing Address:** Provide chairperson's mailing address, if different from residence address. P.O. Boxes *are* acceptable as a mailing address.
- 9. Chairperson Telephone:** Provide the chairperson's phone number, including area code.
- 10. Chairperson E-Mail Address:** Provide e-mail address, if any, of the chairperson. Completion of this information is encouraged in order to disseminate important communications in the most efficient and timely manner.

**TREASURER INFORMATION**

The individual who is appointed by the chairperson to serve as treasurer must be a Connecticut elector (registered voter). The committee treasurer is solely responsible for receiving, depositing and expending funds, as well as filing financial disclosure statements with the State Elections Enforcement Commission, and for keeping internal records of all transactions. A copy of the SEEC FORM 2 filed by a town committee must be filed at the same time with the Town Clerk of the municipality in which the committee is situated. The treasurer of a town committee must also file a copy of the committee's financial disclosure statement with the Town Clerk at the same time that the original is filed with the SEEC. The SEEC FORM 2 must be co-signed by the treasurer signifying the treasurer's acceptance of the appointment.

Commissioners and deputy commissioners of state agencies are prohibited from serving as committee treasurer or deputy treasurer. Communicator lobbyists and principals of state contractors and prospective state contractors are prohibited from serving as chairperson, treasurer, deputy treasurer or any other officer of a party committee. For more information, see SEEC website and link <http://www.ct.gov/seec> "State Contractor Contribution Ban." A candidate for elective office whose campaign is being funded solely by the town committee may not serve as the town committee's treasurer during the period of his/her candidacy. Only one individual may serve as treasurer at any one time. (Sections 9-601(26), 9-609(a), 9-610(h), 9-610(i), 9-612n(g) of the General Statutes)

- 11. Treasurer Name:** Provide the full name of the treasurer; prefix, first name, middle initial, last name and suffix, if any.
- 12. Treasurer Residence Address:** Provide the full and complete address of the treasurer, which must contain street number, street name, town, state and zip code. P. O. Boxes are *not* acceptable as a residence address.
- 13. Treasurer Mailing Address:** Provide treasurer's mailing address if different from residence address. P.O. Boxes *are* acceptable as a mailing address.
- 14. Treasurer Telephone:** Provide the treasurer's phone number, including area code.



## SEEC FORM 2 INSTRUCTIONS

**15. Treasurer E-Mail Address:** Provide the e-mail address, if any, of the treasurer. Completion of this information is encouraged in order to disseminate important communications in the most efficient and timely manner.

### DEPUTY TREASURER-1 INFORMATION (optional)

A deputy treasurer must have the same qualifications and be appointed in the same manner as the committee treasurer. The purpose of appointing a deputy treasurer is to have an individual on hand who may function as the treasurer in the event that the treasurer is unable to perform the required duties of the treasurer for any reason (i.e. absence, illness). Only one individual may be appointed as deputy treasurer on behalf of a town committee; two individuals may be designated deputy treasurer on behalf of a state central committee at any one time. See other restrictions under TREASURER INFORMATION. The appointment of a deputy treasurer is optional for all committees.

- 16. Deputy Treasurer-1 Name:** Provide the full name of the deputy treasurer; prefix, first name, middle initial, last name and suffix, if any.
- 17. Deputy Treasurer-1 Residence Address:** Provide the full and complete residence address of the deputy treasurer; which must contain the street number, street name, town, state and zip code. P.O. Boxes are *not* acceptable as a residence address.
- 18. Deputy Treasurer-1 Mailing Address:** Provide deputy treasurer's mailing address, if different from residence address. P.O. boxes *are* acceptable as a mailing address.
- 19. Deputy Treasurer Telephone Number:** Provide the deputy treasurer's phone number, including area code.
- 20. Deputy Treasurer E-Mail Address:** Provide e-mail address of the deputy treasurer, if any.

### COMMITTEE NAME

Provide the committee's name on the top of the page for reference purposes in order that the filing repository can re-connect these pages with the other pages of this SEEC FORM 2 should the pages become separated.

### ALTERNATE DEPUTY TREASURER INFORMATION

**STATE CENTRAL COMMITTEES ONLY (optional)**  
This section pertains to State Central Committees only. An alternate deputy treasurer must have the same qualifications and be appointed in the same manner as the committee treasurer. Two individuals may be designated deputy treasurer on behalf of a state central committee at any one time.

- 21. Alternate Deputy Treasurer Name:** Provide the full name of the alternate deputy treasurer; prefix, first name, middle initial, last name and suffix, if any.
- 22. Alternate Deputy Treasurer Residence Address:** Provide the full and complete residence address of the alternate deputy treasurer, which must contain the street number, street name, town, state and zip code. P.O. Boxes are *not* acceptable as a residence address.
- 23. Alternate Deputy Treasurer Mailing Address:** Provide the alternate deputy treasurer's mailing address, if different from residence address. P.O. Boxes *are* acceptable as a mailing address.
- 24. Alternate Deputy Treasurer Telephone Number:** Provide the alternate deputy treasurer's phone number, including area code.
- 25. Alternate Deputy Treasurer E-Mail Address:** Provide the e-mail address of the alternate deputy treasurer, if any.

### DEPOSITORY INSTITUTION INFORMATION

A depository institution may be any financial institution situated in or having an office in Connecticut, including but not limited to a bank, savings and loan association, or credit union. It is the treasurer's obligation to establish a *single checking account* for the deposit of all funds received by the committee. Further, all committee expenditures must be made from this account.

- 26. Depository Institution Name:** Provide the complete name of the financial institution located in this state which serves as the depository of the committee's funds.
- 27. Depository Institution Address:** Provide the complete address of the committee's depository institution. P.O. Boxes *are* acceptable.

### COMMITTEE SUBTYPE INFORMATION

- 28. Subtype of Committee:** Check appropriate box to indicate whether statement is being filed by a Town Committee *or* State Central Committee.

### PARTY DESIGNATION INFORMATION

- 29. Party Designation:** Check appropriate box to indicate the party's name; such as Republican, Democratic or Other. If the chair of the party checks the *other* box, the chair must, on the line provided, state the name of the minor party.

### CERTIFICATIONS

- 30. Certification:** The certifications, which are made under penalties of false statement, must be signed and dated by the chairperson, treasurer and deputy treasurer(s), if any.