



CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

SEEC FORM 2 INSTRUCTIONS PARTY COMMITTEE REGISTRATION

Revised January 2016

GENERAL INSTRUCTIONS

- Type or print clearly all information in black or blue pen. **Please do not use pencil.**
- SEEC staff is available to answer legal compliance questions and advise on how to complete this form (860-256-2940).
- *Political Committees (PACs)*: Use **SEEC Form 3** (Traditional PAC) or **SEEC Form 8** (Independent Expenditure PAC).

WHERE TO FILE THIS FORM

Town committees and state central committees file with the **State Elections Enforcement Commission ONLY** (State Elections Enforcement Commission, Campaign Finance Disclosure Unit — 3rd Floor, 20 Trinity St., Hartford, CT 06106).

Please Note: Town committees are no longer required to file copies with their town clerks.

WHEN TO FILE THIS FORM

A party committee may not solicit or receive funds or make expenditures unless its committee chairperson first registers the committee with the State Elections Enforcement Commission by filing a SEEC Form 2.

If any information on the SEEC Form 2 changes, the chairperson must file an **amended** SEEC Form 2 within **10 days** of the date of the change.

PENALTY

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.

SEEC MAILING ADDRESS:

STATE 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: 866-SEEC-INFO
SEEC WEBSITE ADDRESS: www.ct.gov/seec

eCRIS enables campaign treasurers to electronically submit required committee registration information and campaign finance statements.

See the Commission website www.ct.gov/seec for more information.

SEEC FORM 2 INSTRUCTIONS

Registration Type: Check the type of filing that the current document refers to, either *Initial* or *Amendment*. Check **Initial** if this is the party committee's first registration statement. Check **Amendment** if changes are being made by the chairperson to information on a previously filed party committee registration statement.

COMMITTEE INFORMATION

1. **Committee Name:** Provide the full name of the committee. *This will be the registered name with the Commission and used on all financial disclosure statements, advertising, etc.*
2. **Acronym:** Provide the committee's acronym, if any. Example: *WHRTC for West Hartford Republican Town Committee.*
3. **Subtype of Committee:** Check appropriate box to indicate whether statement is filed by a Town Committee or State Central Committee.
4. **Party Affiliation:** Check appropriate box to indicate the party affiliation. If *Other*, state the name of the minor party.
5. **Committee Address:** Provide the address of the committee. *Post Office Boxes are acceptable as a committee address. Committees may also use the chairperson's or treasurer's address as the committee address.*
6. **Committee Email Address & Website:** Provide the email address and website address, if any.

CHAIRPERSON INFORMATION

7. **Chairperson Name:** Provide the full name of the chairperson.
8. **Chairperson Residence Address:** Provide the residential street address of the chairperson. The chairperson may enter an alternate address in lieu of a residential address *only* if they are in the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or have protected address status under General Statutes §1-217. *Business Addresses or Post Office Boxes are not acceptable for residential street address.*
9. **Chairperson Mailing Address:** Provide the mailing address of the treasurer if different from the Residence Address on Line 8.
10. **Chairperson Telephone:** Provide the phone number of the chairperson, including area code.
11. **Chairperson Email Address:** Provide the email address of the chairperson. *Completion of this information is encouraged in order to disseminate important communications in the most efficient and timely manner.*

TREASURER INFORMATION

12. **Treasurer Name:** Provide the full name of the treasurer.
13. **Treasurer Residence Address:** Provide the residential street address of the treasurer. The treasurer may enter an alternate address in lieu of a residential address *only* if they are in the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or have protected address status under General Statutes §1-217. *Business Addresses or Post Office Boxes are not acceptable for residential street address.*
14. **Treasurer Mailing Address:** Provide the mailing address of the treasurer if different from the Residence Address on Line 13.
15. **Treasurer Telephone:** Provide the phone number of the treasurer, including area code.
16. **Treasurer Email Address:** Provide the email address of the treasurer. *Completion of this information is encouraged in order to disseminate important communications in the most efficient and timely manner.*

DEPUTY TREASURER INFORMATION *(Optional)*

17. **Deputy Treasurer Name:** Provide the full name of the deputy treasurer.
18. **Deputy Treasurer Residence Address:** Provide the residential street address of the deputy treasurer. The deputy treasurer may enter an alternate address in lieu of a residential address *only* if they are in the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or have protected address status under General Statutes § 1-217. *Business Addresses or Post Office Boxes are not acceptable for residential street address.*
19. **Deputy Treasurer Mailing Address:** Provide the mailing address of the deputy treasurer if different from the Residence Address on Line 18.
20. **Deputy Treasurer Telephone:** Provide the phone number of the deputy treasurer, including area code.
21. **Deputy Treasurer Email Address:** Provide the email address of the deputy treasurer. *Completion of this information is encouraged in order to disseminate important communications in the most efficient and timely manner.*

SEEC FORM 2 INSTRUCTIONS

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Committee Name: Provide the committee's name for reference purposes in order that the filing repository can reconnect these pages with the SEEC Form 2 should they become separated.

ALTERNATE DEPUTY TREASURER INFORMATION *(State Central Committees Only)*

*Two individuals may be designated deputy treasurer on behalf of a **State Central Committee** at any one time.*

22. **Alternate Deputy Treasurer Name:** Provide the full name of the alternate deputy treasurer.
23. **Alternate Deputy Treasurer Residence Address:** Provide the residential street address of the alternate deputy treasurer. The alternate deputy treasurer may enter an alternate address in lieu of a residential address *only* if they are in the Address Confidentiality Program pursuant to General Statutes § 54-240 (a) or have protected address status under General Statutes § 1-217. *Business Addresses or Post Office Boxes are not acceptable for residential street address.*
24. **Alternate Deputy Treasurer Mailing Address:** Provide the mailing address of the alternate deputy treasurer if different from the Residence Address on Line 23.
25. **Alternate Deputy Treasurer Telephone:** Provide the phone number of the alternate deputy treasurer, including area code.
26. **Alternate Deputy Treasurer Email Address:** Provide the email address of the alternate deputy treasurer. *Completion of this information is encouraged in order to disseminate important communications in the most efficient and timely manner.*

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.

27. **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.
28. **Depository Institution Address:** Provide the complete address of the committee's depository institution. *Post Office Boxes are acceptable.*

CERTIFICATION

29. **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.