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SEEC FORM 8

Independent Expenditure Only Political Committees STATE ELECTIONS ENFORCEMENT COMMISSION Revised July 2014

Page 1 01 5
REGISTRATION TYPE
☐ Original
☐ Amendment/
Biennial with Changes

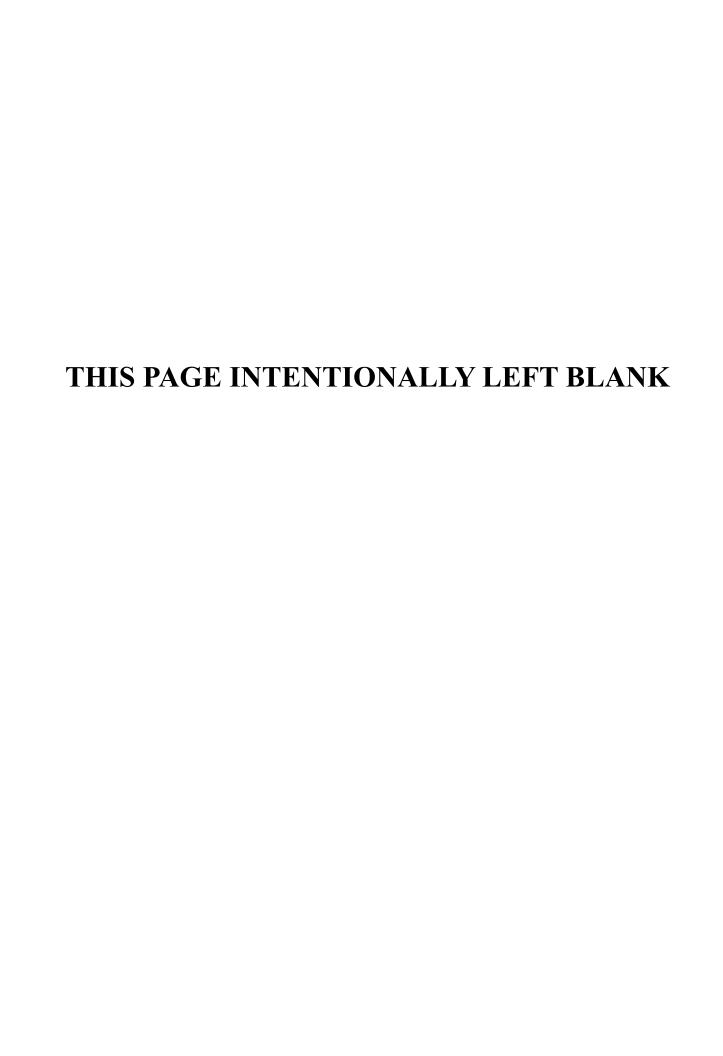
1. NAME OF COMMITTEE				2. ACRONY	M	
☐ Previously Registered as Different Committee	if different fr	om above)				
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMM	MITTEE WI	EBSITE	
Address			Email			
City	State	Zip Code	Website			
6. CHAIRPERSON NAME	1	<u> </u>				
First Name		MI	Last Name			Suffix
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDI	RESS (If differe	ent)	
Street Address			Address			
City	State	Zip Code	City		State	Zip Code
9. CHAIRPERSON TELEPHONE (Include Area Code)	10. CHA	AIRPERSON	E-MAIL ADDRESS			
(include Area Code)						
11. TREASURER NAME						
First Name		MI	Last Name			Suffix
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRI	ESS (If different	")	
Street Address			Address			
						1
City	State	Zip Code	City		State	Zip Code
14. TREASURER TELEPHONE	15. TRE	ASURER E-N	MAIL ADDRESS		•	
(Include Area Code)						
16. DEPUTY TREASURER NAME						
First Name		MI	Last Name			Suffix
17. DEPUTY TREASURER RESIDENCE ADDR	ESS	•	18. DEPUTY TREASURER MAILIN	G ADDRES	${f S}$ (If differen	<i>(</i>)
Street Address			Address			
City	State	Zip Code	City		State	Zip Code
19. DEPUTY TREASURER TELEPHONE	20. DEP	UTY TREAS	URER E-MAIL ADDRESS			
(Include Area Code)						
21. DEPOSITORY INSTITUTION NAME						
22. DEPOSITORY INSTITUTION ADDRESS						
Address			City		State	Zip Code
Making a false statement on this form may subject you to crit	minal penalti	es, including but no	ot limited to, imprisonment for up to one year or a fir	ne of up to two the	ousand dollar	s, or both.

NAME OF COMMITTEE		REGISTRATION TYPE			
		☐ Original ☐ Amendment/ Biennial with Changes			
23. OFFICER NAME		TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS					
Address	City		State	Zip Code	
23A. OFFICER NAME		TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS					
Address	City		State	Zip Code	
23B. OFFICER NAME		TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS					
Address	City		State	Zip Code	
23C. OFFICER NAME		TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS			Г		
Address	City		State	Zip Code	
23D. OFFICER NAME		TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS					
Address	City		State	Zip Code	
23E. OFFICER NAME		TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS			<u> </u>		
Address	City		State	Zip Code	
23F. OFFICER NAME		TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS					
Address	City		State	Zip Code	
23G. OFFICER NAME		TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS					
Address	City		State	Zip Code	

NAME OF COMMITTEE			REGISTE	RATION TYPE		_
			☐ Original	□Amendment/ B	iennial w	rith Changes
24. COMMITTEE SUBTYPE						
		D. D. viv von Frei'r				
☐ Two or More Individuals	☐ Labor Union	☐ Business Entity		Other Organizat	tion	
25. PURPOSE OF COMMITTEE (Select	a single committee purpose under	A or B and applicable st	ubtype)			
A. Ongoing (Select subtype)	B. Durational (Select sub	otype)				
☐ State Elections Only	☐ Single Election Date] Single Refer	rendum Date		
☐ Municipal Elections Only						
□ Both	☐ Single Primary Date		Constitution	nal Amendment Da	te	
26. REFERENDUM QUESTION or CON	I STITUTIONAL AMENDMEN			OSITION ON THE ONSTITUTIONA		
Brief description of subject matter of Referendum Question	on or Constitutional Amendment			☐ Support		
				☐ Oppose		
28. COMMITTEES ESTABLISHED BY Entity Name	BUSINESS ENTITY, LABOR U	UNION OR OTHER O	RGANIZATI City	ION OR ASSOCI	ATION (ONLY Zip Code
Entity (valie	Address		City		State	Zip code
29. SECTION RESERVED	30. SECTION RES	ERVED				
31. IS COMMITTEE ESTABLISHED OF	R CONTROLLED BY A REGIS	TERED LOBBYIST?			☐ See .	Addendum
□ No □ Yes If Yes, Name of Registers	ed Lobbyist				Client Lobb Communica Both	byist ator Lobbyist
32. IS COMMITTEE ESTABLISHED OR CON	TROLLED BY AN ELECTED STAT	TEWIDE OFFICIAL, GEN	ERAL ASSEM	BLY MEMBER OR	AGENT T	THEREOF?
□ No □ Yes If Yes, Name of Official,	Member or Agent				☐ See	Addendum
33. DOES COMMITTEE FILE REPORT	S WITH FEDERAL ELECTIO	N COMMISSION OR	ANY OUT-O	F-STATE ELEC	TIONS A	GENCY?
□ No □ Yes If Yes, Name of Agency						
34. HAS A CONTRIBUTION OR DISBURSEMENT BEEN RECEIVED PRIOR TO THIS REGISTRATION STATEMENT?						
□ No □ Yes See instructions for additional filing requirements.						
35. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?						
□ No □ Yes If Yes, Name of Contractor or Principal □ See Addendum						
36. PURPOSE OF COMMITTEE AS TO	STATEWIDE & GENERAL A	SSEMBLY CANDIDA	TES			
A. Is this Political Committee a expenditures for the benefit of Statewide Office? □ No		B. Is this Polit expenditures for General Assen	or the bene	efit of candida		ake
37. IS COMMITTEE ESTABLISHED OF	R CONTROLLED BY A PRINC	CIPAL OF AN INVEST	MENT SER	VICES FIRM?		
☐ No ☐ Yes If Yes, Name of Prin	cipal				□ See	e Addendum

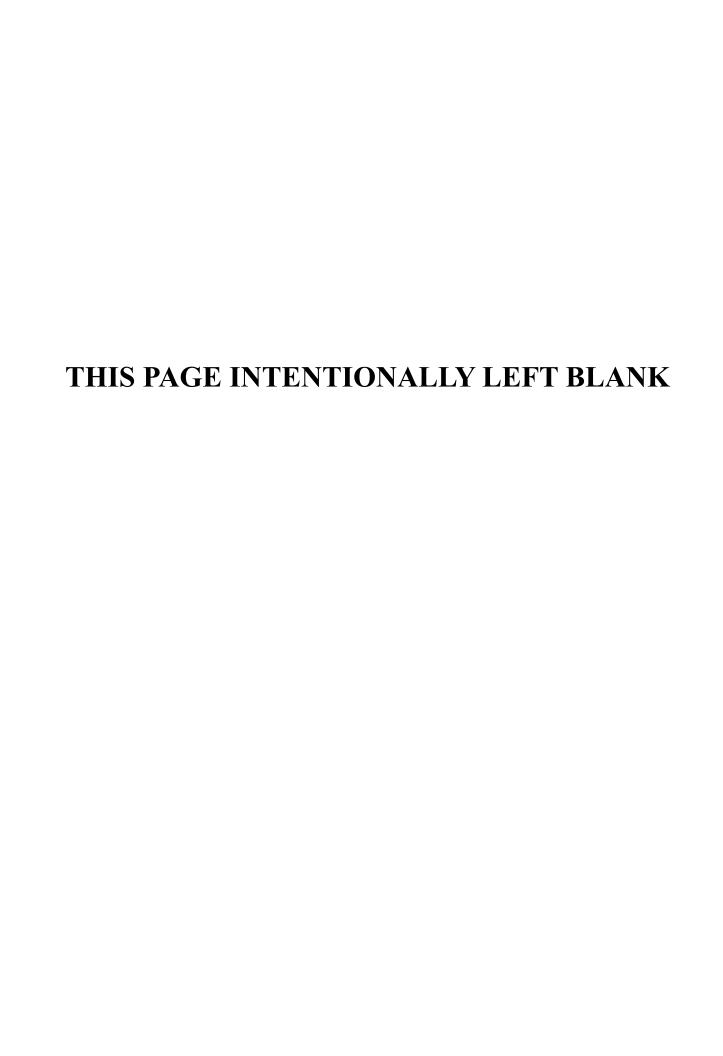
NAME OF COMMITTEE	REGISTRATION TYPE
	☐ Original ☐ Amendment/ Biennial with Changes
38. CERTIFICATION	
I hereby certify and state, under penalties of false statement, that all of the decommittee registration statement are true, accurate and complete to the best committee intends solely to make expenditures that are independent of, and reandidate committee, party committee or political committee, and further, the certification to the fact that any individual designated herein to serve as the trindicated to me their acceptance of my appointment of them to those position	of my knowledge and belief, that this not coordinated with, any candidate, at this statement includes my creasurer or deputy treasurer have
CHAIRPERSON SIGNATURE	DATE (mm/dd/yyyy)
□ Initial Committee Registration: I hereby certify and state, under penalties of my appointment by the chairperson to serve as the designated treasurer of the either submitting this registration statement together with a SEEC FORM 40 day of receiving contributions or disbursements benefiting the committee or obligated to file the committee's first SEEC FORM 40 within 48 hours after contribution or disbursement. I intend to comply with all the campaign finar contained in Chapter 155 of the General Statutes, and to abide by any prohib concerning campaign contributions and expenditures. I further hereby certify statement, that this committee intends solely to make expenditures that are in with, any candidate, candidate committee, party committee or political comm □ Amended Committee Registration: I hereby certify and state, under penaltic accepted my appointment by the chairperson to serve as the designated treast I intend to comply with all the campaign finance disclosure requirements as General Statutes, and to abide by any prohibitions, limitations or restrictions and expenditures. I further hereby certify and state under penalties of false s set forth in this political committee registration statement are true, accurate a knowledge and belief and that this committee intends solely to make expend coordinated with, any candidate, candidate committee, party committee or penaltic statutes, and to abide by any prohibitions, limitations or restrictions and expenditures. I further hereby certify and state under penaltics of false s set forth in this political committee registration statement are true, accurate a knowledge and belief and that this committee intends solely to make expend coordinated with, any candidate, candidate committee, party committee or penaltics of false s set forth in this political committee registration statement are true, accurate a knowledge and belief and that this committee intends solely to make expend coordinated with, any candidate, candidate committee, party committee or penaltics o	is political committee, and that I am 0 complete as to the committee's first that I understand that I shall become receiving the committee's first nee disclosure requirements as officions, limitations or restrictions y and state under penalties of false independent of, and not coordinated mittee. The ses of false statement, that I have urer of this political committee. The concerning campaign contributions statement, that all of the designations and complete to the best of my litures that are independent of, and not colitical committee. The statement, that I have urer of this political committee. The concerning campaign contributions statement in Chapter 155 of the concerning campaign contributions statement, that all of the designations and complete to the best of my litures that are independent of, and not complete to the best of my litures that are independent of, and not litures that are independent of, and not
TREASURER SIGNATURE	DATE (mm/dd/yyyy)

NAME OF COMMITTEE	REGISTRATION TYPE
	☐ Original ☐ Amendment/ Biennial with Changes
38. CERTIFICATION continued	3 Zisimi
Deputy Treasurer	
□ Initial Committee Registration: I hereby certify and state, under penalties of my appointment by the chairperson to serve as the designated deputy treasure to comply with all the campaign finance disclosure requirements as contained Statutes, and to abide by any prohibitions, limitations or restrictions concern expenditures. I further hereby certify and state under penalties of false state make expenditures that are independent of, and not coordinated with, any can committee or political committee.	rer of this political committee. I intend ed in Chapter 155 of the General ning campaign contributions and ement, this committee intends solely to
□ Amended Committee Registration: I hereby certify and state, under penaltic accepted my appointment by the chairperson to serve as the designated deput I intend to comply with all the campaign finance disclosure requirements as General Statutes, and to abide by any prohibitions, limitations or restrictions and expenditures. I further hereby certify and state under penalties of false s forth in this political committee registration statement are true, accurate and and belief and that this committee intends solely to make expenditures that a with, any candidate, candidate committee, party committee or political committee.	onty treasurer of this political committee. contained in Chapter 155 of the sconcerning campaign contributions statement, that all of the designations set complete to the best of my knowledge are independent of, and not coordinated
□ Biennial Committee Re-Registration: I hereby certify and state, under penal accepted my appointment by the chairperson to serve as the designated deput I intend to comply with all the campaign finance disclosure requirements as General Statutes, and to abide by any prohibitions, limitations or restrictions and expenditures. I further hereby certify and state under penalties of false of forth in this political committee registration statement are true, accurate and and belief and that this committee intends solely to make expenditures that a with, any candidate, candidate committee, party committee or political committee.	onty treasurer of this political committee. contained in Chapter 155 of the s concerning campaign contributions statement, that all of the designations set complete to the best of my knowledge are independent of, and not coordinated
DEPUTY TREASURER SIGNATURE	DATE (mm/dd/yyyy)
ADDITIONAL PAGES FOR SEEC FO	ORM 8
If additional pages are needed to complete all information required in Sections 23, reproduce the "Additional Page" for the appropriate section, and attach the page(s)	



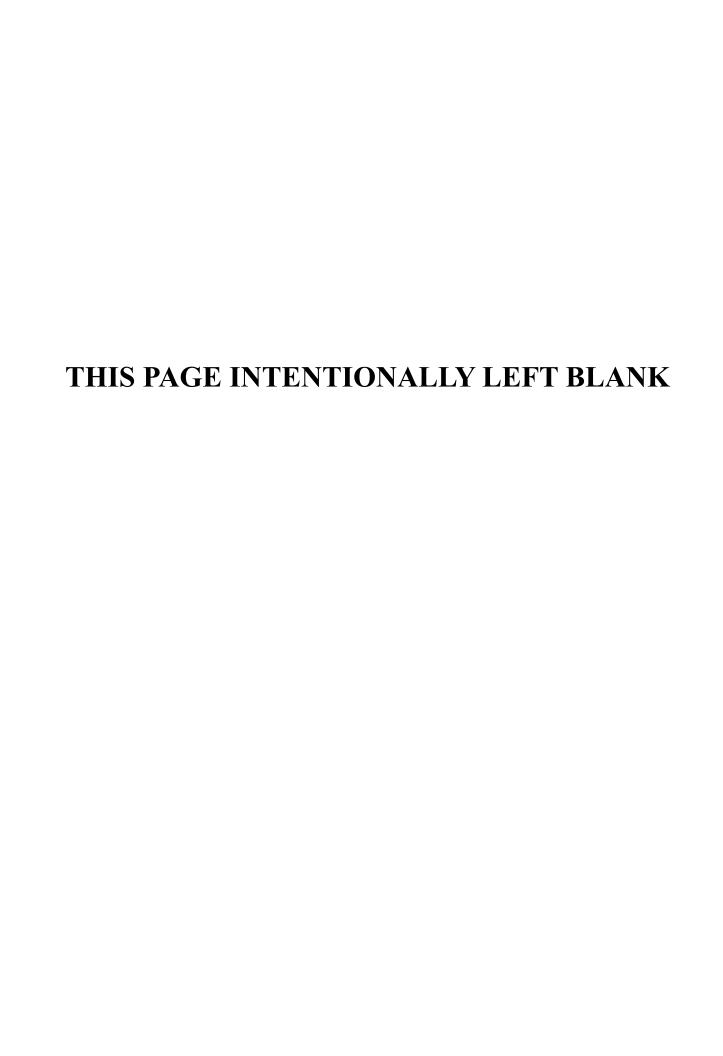
ADDITIONAL SECTION 23 SEEC FORM 8

NAME OF COMMITTEE		REGISTRATION TYPE			
		☐ Original ☐ Amendment/ Biennial with Changes			
3H. OFFICER NAME		TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS					
Address	City		State	Zip Code	
23I. OFFICER NAME		TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS	a:		l a		
Address	City		State	Zip Code	
23J. OFFICER NAME		TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS					
Address	City		State	Zip Code	
23K. OFFICER NAME		TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS					
Address	City		State	Zip Code	
23L. OFFICER NAME		TITLE OR POSITION			
and of room with					
OFFICER RESIDENCE ADDRESS					
Address	City		State	Zip Code	
23M. OFFICER NAME		TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS	,				
Address	City		State	Zip Code	
23N. OFFICER NAME		TITLE OR POSITION			
2511. OFFICER NAME		TITLE OR TOSHIO!			
OFFICER RESIDENCE ADDRESS					
Address	City		State	Zip Code	
23O. OFFICER NAME		TITLE OR POSITION			
OFFICER RESIDENCE ADDRESS					
Address	City		State	Zip Code	



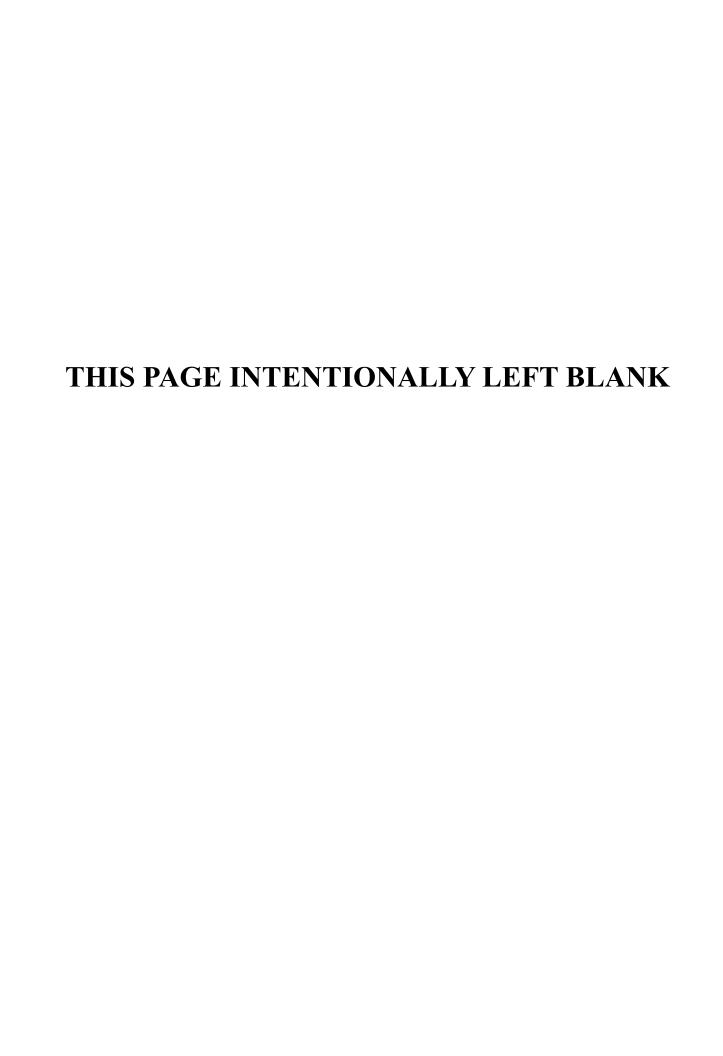
ADDITIONAL SECTION 31 TO SEEC FORM 8

NAME OF COMMITTEE	REGIST	REGISTRATION TYPE		
	□Original	☐ Amendment/ Biennial wi	th Changes	
31. COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST				
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	□ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	□ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	☐ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	□ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	☐ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	☐ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	☐ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	□ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	□ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	☐ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	□ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	☐ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	□ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	□ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	□ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	□ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	□ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	□ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	□ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	☐ Both	
Name of Registered Lobbyist	Client Lobbyist	☐ Communicator Lobbyist	☐ Both	



ADDITIONAL SECTION 32 TO SEEC FORM 8

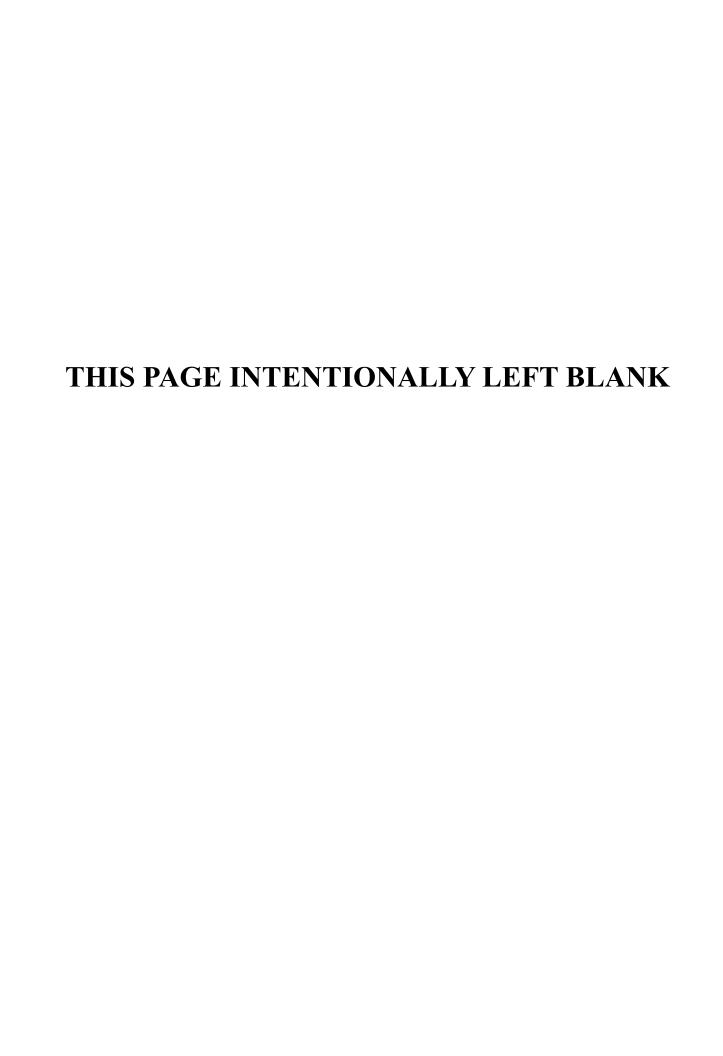
NAME OF COMMITTEE	REGISTRATION TYPE
	□Original □Amendment/ Biennial with Changes
32. COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL AS	SSEMBLY MEMBER OR AGENT THEREOF
Name of Member, Official or Agent	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
Name of Member, Official or Agent	
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Name of Member, Official or Agent	
Name of Member, Official or Agent	
1	





ADDITIONAL SECTION 35 TO SEEC FORM 8

NAME OF COMMITTEE	REGISTRATION TYPE
	☐ Original ☐ Amendment/ Biennial with Changes
35. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PF	RINCIPAL OF A STATE CONTRACTOR
Name of Contractor or Principal	



ADDITIONAL SECTION 37 TO SEEC FORM 8

NAME OF COMMITTEE	REGISTRATION TYPE
	☐ Original ☐ Amendment/ Biennial with Changes
37. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTM	MENT SERVICES FIRM
Name of Principal	