

SEEC FORM 3

POLITICAL COMMITTEE (PAC) REGISTRATION
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 1/07
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AND FORM 11 ARE SUBJECTS FOR
 Official Use Only

REGISTRATION TYPE

☒ INITIAL
☐ AMENDED

FILED SEEC

JUNTOS FOR BRIDGEPORT JUN 2003 JAN 17 PM 25

Address 335 Wells St #24 City BPT State CT Zip Code 06606

NONE NONE

Prefix MR. First AMERICUS MI Last SANTIAGO Suffix

Street Address 93 BURNHAM ST Address 93 BURNHAM ST
 City BPT State CT Zip Code 06604 City BPT State CT Zip Code 06604

703, 755-6980

Prefix MR. First CHRISTOPHER MI Last ROSARIO Suffix

Street Address 335 Wells St #24 Address 335 Wells St #24
 City BPT State CT Zip Code 06606 City BPT State CT Zip Code 06606

703 1583-2262

Prefix 195- First CARMEN MI Last COLON Suffix

Street Address 404 CLEVELAND AVE Address
 City BPT State CT Zip Code 06606 City BPT State CT Zip Code 06606

703 1260-0595

PEOPLES BANK

Address 1450 BARNUM AVE. City BPT State CT Zip Code 06610

Notice: 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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Prefix	First	MI	Last	Suffix	
Street Address			City	State	Zip Code
Prefix	First	MI	Last	Suffix	
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- 24a. ☒ Two or More Individuals ☐ Labor Union
☐ Two or More Committees (Fundraising Event(s)) ☐ Other Organization
☐ Business Entity ☐ Legislative Leadership
- 24b. ☐ Legislative Caucus
☐ Senate Democrats ☐ House Democrats
☐ Senate Republicans ☐ House Republicans

25a. ☒ Ongoing
Select Committee Subtype:

- ☐ State Elections Only
☐ Municipal Elections Only
☐ Both

25b. ☐ Durational
Select Committee Subtype:

- ☐ Single Election Date _____ ☐ Single Candidate
☐ Single Primary Date _____ ☐ Slate of Candidates
☐ Single Referendum Date _____ ☐ Constitutional Amendment Date _____
☐ Fundraising Event(s): Names of Participating Committees: _____

☐ 27a. Support ☐ 27b. Oppose

28a. Position

- ☐ Support
☐ Oppose

28b. Candidate(s) Name(s)

28c. Office(s) Sought

28d. Party Designation

Name Street Address City State Zip Code

☐ Treasury☐ Voluntary Member Contributions☒ No☐ Yes If yes Name & Address _____

☒ No ☐ Yes If yes, Name of Registered Lobbyist _____ ☐ Client Lobbyist ☐ Both
☐ Communicator Lobbyist

☒ No ☐ Yes If yes, Name of Official or Member _____

☒ No ☐ Yes If yes District Number _____

☐ No ☐ Yes If yes District Number _____

☒ No ☐ Yes If yes Name of Agency _____

☒ No ☐ Yes If yes, See instructions for additional filing requirements.

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39a. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for Statewide Office?

☐ No ☒ Yes

39b. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly?

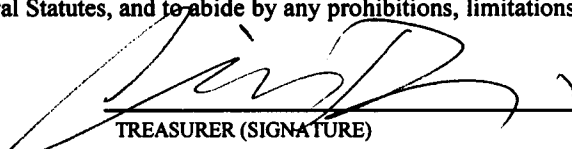
☐ No ☒ Yes☒ No ☐ Yes If yes Name of Principal _____

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete 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 of them to those positions.


CHAIRPERSON (SIGNATURE)1-10-07
DATE (mm/dd/yyyy)

☐ (Initial Committee Registration) 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 political committee, and that I am *either* submitting this registration statement *together with* a SEEC FORM 20 complete as to the committee's first day of receiving contributions or distributions benefiting the committee or that I understand that I shall become obligated to file the committee's first SEEC FORM 20 within 48 hours after receiving the committee's first contribution or distribution.

☐ (Amended Committee Registration) 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 political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 150 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.


TREASURER (SIGNATURE)1-9-07
DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated Deputy Treasurer of this political committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer.


DEPUTY TREASURER (SIGNATURE)1-10-07
DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that this political committee has been designated by me, a General Assembly Leader, as a Legislative Leadership Committee, in accordance with Section 9-333g(e)(3) of the Connecticut General Statutes.

TITLE_____
LEGISLATIVE LEADER (SIGNATURE)_____
DATE (mm/dd/yyyy)

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