

# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT  
COMMISSION Revised January 2015



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## COVER PAGE

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<b>1. NAME OF COMMITTEE</b>			
21 PAC			
<b>2. TREASURER NAME</b>			
First	MI	Last	Suffix
Logan	K	Cotter	
<b>3. TREASURER ADDRESS</b>			
Street Address	City	State	Zip Code
42 Pauline St	Stratford	CT	06615
<b>4. ELECTION/REFERENDUM DATE</b>	<b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee)		<b>6. DISTRICT NUMBER</b>
(mm/dd/yyyy)			(if applicable)
<b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)			
First	MI	Last	Suffix
<b>8. TYPE OF REPORT</b> (Check One Box)			
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input checked="" type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report:
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (State Central Committees Only)	<input type="checkbox"/> Termination	_____
<input type="checkbox"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="checkbox"/> 45 days following election not held in November		
<b>9. PERIOD COVERED</b>			
Beginning Date		Ending Date	
_____		_____	
		thru	
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
		Logan Cotter	11/6/25
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

Itemized Campaign Finance Disclosure Statement  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Revised January 2015

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period		
13. Contributions Received from Individuals (Sections A and B)		
14. Receipts from Other Committees (Sections C1 and C2)	387.68	387.68
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	397.68	387.68
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	387.68	387.68
19. Expenses Paid by Committee (Section P)		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	387.68	387.68
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	
Residential Street Address		City	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	
		Aggregate Contributions	
Last Name		First	
Residential Street Address		City	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	
		Aggregate Contributions	
Last Name		First	
Residential Street Address		City	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	
		Aggregate Contributions	
Last Name		First	
Residential Street Address		City	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	
		Aggregate Contributions	
<b>SUBTOTAL Section B — This Page</b>			
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
<b>C1. Contributions from Other Committees</b>							
Name of Committee <b>Redevelop CT</b>				Name of Treasurer <b>Spencer Rubin</b>			
Address <b>28 Crescent Ave</b>			Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>			Amount of Contribution <b>\$387.68</b>	
City <b>Milford</b>	State <b>CT</b>	Zip Code <b>06460</b>	Date Received <b>10/14/25</b>	Aggregate Contributions <b>\$387.68</b>			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>			Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>			Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution			Amount of Receipt		
Description							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution			Amount of Receipt		
Description							
<b>SUBTOTAL Section C — This Page</b>						<b>387.68</b>	
<b>TOTAL of additional Section C Pages</b>						<b>0</b>	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>						<b>387.68</b>	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
<b>D. Loans Received this Period</b>					
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Name of Lender					Date of Receipt
Street Address			City		State
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address		City		State	Zip Code
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Name of Lender					Date of Receipt
Street Address			City		State
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address		City		State	Zip Code
<b>TOTAL SECTION D</b>					

<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>					
Name of Entity					
Street Address			Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions	
Name of Entity					
Street Address			Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions	
Name of Entity					
Street Address			Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions	
<b>TOTAL SECTION E</b>					

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT

### F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
<b>TOTAL SECTION F</b>		

### G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)*

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
<b>TOTAL SECTION G</b>		

### H. Personal Funds of the Candidate Received this Period *(Candidate Committees ONLY)*

Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
<b>TOTAL SECTION H</b>		

### I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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**J. Interest from Deposits in Authorized Accounts**

Name of Institution		Date Received		<b>Amount</b>
Street Address	City	State	Zip Code	
Name of Institution		Date Received		<b>Amount</b>
Street Address	City	State	Zip Code	

**TOTAL SECTION J**

**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name		Date of Transaction		<b>Amount Received</b>
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		<b>Amount Received</b>
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		<b>Amount Received</b>
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		<b>Amount Received</b>
Street Address	City	State	Zip Code	
Description				

**TOTAL SECTION K**

**SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)**

Total Loans Received this Period (Section D)		
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	

<b>Total of Other Monetary Receipts</b> <i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i>
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## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
<b>L1. Event Information</b>					
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address		City	State	Zip Code	
<b>Subpart 1: (All Committees)</b>					
Was this event hosted at a personal residence? <input type="checkbox"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input type="checkbox"/> No					
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="checkbox"/> No					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input type="checkbox"/> No <span style="float: right;">→ \$ <input style="width: 100px;" type="text"/></span>					
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="checkbox"/> No					
<b>Subpart 3: (Town Committees ONLY)</b>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input type="checkbox"/> No <span style="float: right;">→ \$ <input style="width: 100px;" type="text"/></span>					
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address		City	State	Zip Code	
<b>Subpart 1: (All Committees)</b>					
Was this event hosted at a personal residence? <input type="checkbox"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input type="checkbox"/> No					
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="checkbox"/> No					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input type="checkbox"/> No <span style="float: right;">→ \$ <input style="width: 100px;" type="text"/></span>					
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="checkbox"/> No					
<b>Subpart 3: (Town Committees ONLY)</b>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input type="checkbox"/> No <span style="float: right;">→ \$ <input style="width: 100px;" type="text"/></span>					
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>					
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>					
<b>TOTAL of additional Section L1 Pages</b>					
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>					

## II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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### L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser			Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	City	State	Zip Code	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser			Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	City	State	Zip Code	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser			Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	City	State	Zip Code	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser			Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	City	State	Zip Code	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser			Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	City	State	Zip Code	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>				
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>				
<b>TOTAL of additional Section L3 Pages</b>				
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>				

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
<b>L4. In-Kind Donations Not Considered Contributions</b>					
Name of Donor					
Street Address			City		State
Zip Code					
Donation Given By:	Description of Donation				Fair Market Value of Donation
<input type="checkbox"/> Business Entity					
<input type="checkbox"/> Individual	Date Received	Event #		Aggregate Value for this Event	
<input type="checkbox"/> Sole Proprietorship					
Name of Donor					
Street Address			City		State
Zip Code					
Donation Given By:	Description of Donation				Fair Market Value of Donation
<input type="checkbox"/> Business Entity					
<input type="checkbox"/> Individual	Date Received	Event #		Aggregate Value for this Event	
<input type="checkbox"/> Sole Proprietorship					
Name of Donor					
Street Address			City		State
Zip Code					
Donation Given By:	Description of Donation				Fair Market Value of Donation
<input type="checkbox"/> Business Entity					
<input type="checkbox"/> Individual	Date Received	Event #		Aggregate Value for this Event	
<input type="checkbox"/> Sole Proprietorship					
Name of Donor					
Street Address			City		State
Zip Code					
Donation Given By:	Description of Donation				Fair Market Value of Donation
<input type="checkbox"/> Business Entity					
<input type="checkbox"/> Individual	Date Received	Event #		Aggregate value for this Event	
<input type="checkbox"/> Sole Proprietorship					
Name of Donor					
Street Address			City		State
Zip Code					
<b>SUBTOTAL Section L4 — This Page</b>					
<b>TOTAL of additional Section L4 Pages</b>					
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>					

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>				
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State      Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State      Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State      Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State      Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State      Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State      Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
<b>SUBTOTAL Section L5 — This Page</b>				
<b>TOTAL of additional Section L5 Pages</b>				
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b>				
<i>(Enter total on Line 22, Column A of Summary Page Totals)</i>				

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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**M. In-Kind Contributions**

Name			
Street Address		City	State    Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name			
Street Address		City	State    Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name			
Street Address		City	State    Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported listed in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>SUBTOTAL Section M — This Page</b>	
<b>TOTAL of additional Section M Pages</b>	
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS</b> <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>	

**N. Refundable Deposit to Telephone Company**

Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address		City	State	Zip Code
Name of Telephone Company				<b>Amount of Deposit</b>
Street Address		City	State	

<b>TOTAL SECTION N</b> <i>(Enter total on Line 24, Column A of Summary Page Totals)</i>	
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### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
<b>Q. Campaign Expenses Paid by Candidate</b>					
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
<b>SUBTOTAL Section Q — This Page</b>					
<b>TOTAL of additional Section Q Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>					

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
<b>R. Expenses Incurred on Committee Credit Card</b>				
Name of Issuing Institution			Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:	
Name of Vendor, Person or Entity			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Vendor, Person or Entity			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Vendor, Person or Entity			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
<b>SUBTOTAL Section R — This Page</b>				
<b>TOTAL of additional Section R Pages</b>				
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> <i>(Enter total on Line 27, Column A of Summary Page Totals)</i>				



### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
<b>T. Itemization of Reimbursements and Secondary Payees</b>					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section T — This Page</b>					
<b>TOTAL of additional Section T Pages</b>					
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>					



# CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION SEEC FORM 3- Biennial Committee Re-Registration POLITICAL COMMITTEE (PAC) REGISTRATION

Revised 2024

## 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 (860-256-2925).

## WHERE TO FILE THIS FORM

**With the State Elections Enforcement Commission ONLY** (State Elections Enforcement Commission, Campaign Finance Disclosure Unit 55 Farmington Ave, Hartford, CT 06105:

- Political Committees which intend to support or oppose candidates for the office of Governor, Lieutenant Governor, Secretary of the State, State Treasurer, Comptroller, Attorney General, Judge of Probate, State Senator or State Representative
- Political Committees which intend to promote the success or defeat of a constitutional amendment to be voted upon by the electors throughout the state
- Any combination of these purposes

## WHEN TO FILE THIS FORM

The chairperson of each political committee is required to file a SEEC Form 3 with the proper filing authority (*See Where to File this Form*) within **ten days** after the date that it is organized, which includes the dates that funds or other resources are first solicited, received or expended. In addition, the chairperson must file an amended SEEC Form 3 with the proper filing repository within ten days of **any** changes in the information contained on the form, including a change in committee officers.

**Political Committees that file with SEEC Only:** The chairperson must file an amended SEEC Form 3 with the Commission within ten days of any changes in the information contained on the form. The chairperson must file the amendment on eCRIS. After the chairperson files the treasurer and deputy treasurer (if there is one) will be required to accept any amendments on eCRIS.

If you do not already have eCRIS access, you may set up an account by going to our eCRIS homepage (<https://seec.ct.gov/Portal/eCRIS/eCrisLanding>) and selecting "Sign Up for eCRIS Account." Please do so as soon as possible to ensure you are able to timely file. **If a committee believes it is unable to file by eCRIS, it should contact Commission staff as soon as possible for further guidance.**

Each ongoing political committee for which the State Elections Enforcement Commission is the filing repository must file a SEEC Form 3 with the Commission on or before November 15th of each even-numbered year. Note that biennial re-registration is required even if there are no changes, additions or deletions to the information on the existing SEEC Form 3. If there are no changes, additions or deletions to the information on the existing SEEC Form 3, besides the newly required information in Public Act 24-28, the treasurer should NOT file a SEEC Form 3 and should instead file a SEEC Form 3NC to fulfill the biennial re-registration requirement. If there are changes, additions or deletions to the information on the existing SEEC Form 3, besides the newly required information in Public Act 24-28, the chairperson, treasurer and deputy treasurer should file a SEEC Form 3.

## LATE FILING PENALTY

**Ongoing Committees that file with SEEC Only:** If the treasurer of a political committee fails to file either a new SEEC Form 3 or a SEEC Form 3NC (indicating there are no other changes to the existing SEEC Form 3 on file besides the newly required information in Public Act 24-28) on or before **November 15th** of each even-numbered year, the committee shall be prohibited from accepting lobbyist contributions during the legislative session and shall be prohibited from making contributions to committees covered by the sessional lobbyist provision during the legislative session. *See General Statutes § 9-610 (e) and (f).*

If the committee fails to file the SEEC Form 3 within the time proscribed by law, those required to file also may be liable for a fine of between \$200 and \$2,000 or imprisonment for not more than one year or both.

### SEEC TELEPHONE NUMBER:

MAIN NUMBER: 860-256-2940  
TOLL FREE WITHIN CT: 1-866-SEEC-INFO

SEEC WEBSITE ADDRESS: [www.ct.gov/seec](http://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](http://www.ct.gov/seec) for more information.*

## SEEC FORM 3 INSTRUCTIONS

1. **Registration Type:** Check the type of filing that the current document refers to *Amendment/Biennial with Changes*. Check **Amendment/Biennial with Changes** if changes are being made by the chairperson to information on a previously filed political committee registration statement.

**Ongoing committees that file with SEEC only:** Check **Amendment/Biennial with Changes** if this is the biennial re-registration filed by the chairperson on or before November 15 of each even-numbered year and there are **changes** to the most recent SEEC Form 3 on file. If there are **no changes**, additions or deletions to the information on the existing SEEC Form 3 on file with SEEC, other than those required in Public Act 24-28, the treasurer should **NOT** file a SEEC Form 3 and should instead file a **SEEC Form 3NC** to fulfill the biennial re-registration requirement.

## COMMITTEE INFORMATION

2. **Name of Committee:** 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.*

3. **Acronym:** Provide the committee's acronym, if any. *CBG for Citizens for Better Government.*

4. **Committee Address:** Provide the address of the committee. *Post Office Boxes are acceptable as a committee address.*

5. **Committee E-Mail Address & Website:** Provide the e-mail address and website address, if any.

## CHAIRPERSON INFORMATION

6. **Chairperson Name:** Provide the full name of the chairperson.

7. **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 has protected address status under General Statutes § 1-217. *Business Addresses or Post Office Boxes are not acceptable for residential street address.*

8. **Chairperson Mailing Address:** Provide the mailing address of the chairperson if different from the residence address reported on Line 7.

9. **Chairperson Telephone:** Provide the phone number of the chairperson including area code.

10. **Chairperson E-Mail Address:** Provide the e-mail 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

11. **Treasurer Name:** Provide the full name of the treasurer.

12. **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 has protected address status under General Statutes § 1-217. *Business Addresses or Post Office Boxes are not acceptable for residential street address.*

13. **Treasurer Mailing Address:** Provide the mailing address of the treasurer if different from the residence address reported on Line 12.

14. **Treasurer Telephone:** Provide the phone number of the treasurer including area code.

15. **Treasurer E-Mail Address:** Provide the e-mail 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)*

16. **Deputy Treasurer Name:** Provide the full name of the deputy treasurer.

17. **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 has protected address status under General Statutes § 1-217. *Business Addresses or Post Office Boxes are not acceptable for residential street address.*

18. **Deputy Treasurer Mailing Address:** Provide the mailing address of the deputy treasurer if different from the residence address reported on Line 17.

19. **Deputy Treasurer Telephone:** Provide the phone number of the deputy treasurer including area code.

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

### DEPOSITORY INSTITUTION INFORMATION

21. **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.

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

### SEEC FORM 3 INSTRUCTIONS

**Please Note:** At the top of page 2 and every page that follows, report the **Registration Type** and the **Name of Committee** in the appropriate fields.

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

**Ongoing committees that file with SEEC only:** Check **Amendment/Biennial with Changes** if this is the biennial re-registration filed by the chairperson on or before November 15 of each even-numbered year and there are **changes** to the most recent SEEC Form 3 on file. If there are **no changes**, additions or deletions to the information on the existing SEEC Form 3 on file with SEEC, the treasurer should **NOT** file a SEEC Form 3 and should instead file a **SEEC Form 3NC** to fulfill the biennial re-registration requirement.

**Name of Committee:** Provide the committee's name as registered with the Commission for reference purposes.

### OTHER OFFICER(S) INFORMATION

23. **Officer Name:** Provide the full name of any individual serving as an other officer.

**Title or Position:** Provide the name of the title or position, if any.

**Officer Residence Address:** Provide the residential street address of the "other officer." The "other officer" 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 has protected address status under General Statutes § 1-217. *Business Addresses or Post Office Boxes are not acceptable for residential street address.*

23A.— 23G. If the committee designated additional officers or members of the control group; please disclose all other officers' or members' information on lines 23A—23G. *If there is insufficient space on the form for identifying all of the committee's "Other Officers," use page 5 of this form "Additional Section 23."*

### COMMITTEE SUBTYPE

24. **Committee Subtype:** Select committee subtype under *either* box A *or* B, then select the appropriate sub box, if required. *See definitions at the back of this form for further information.*

25. **Purpose of Committee:** Select the purpose of the committee, *either* Ongoing *or* Durational. *See definitions at the back of this form for further information.*

### REFERENDUM / CONSTITUTIONAL AMENDMENT

26. **Referendum Question or Constitutional Amendment Only:** For committees that checked the applicable sub box in item 25B (Single Referendum or Constitutional Amendment), briefly summarize the referendum question that will be before the voters. *Example: To Appropriate Funds and Issue Bonds for Renovations of Town Hall.* Indicate whether the committee supports or opposes the question or amendment.

27. Indicate whether the committee supports or opposes the question or amendment.

### DURATIONAL COMMITTEE

28. **Durational Committee Formed for Single or Multiple Candidates Only:** For committees that checked the applicable sub box in item 25B (Single Candidate or Slate of Candidates), indicate whether the committee is formed with the primary purpose to *either* support *or* oppose the names of the indicated candidate(s), together with office(s) sought by such candidate(s) and the candidate(s)' party designation(s). *If there is insufficient space on the form for identifying all of the candidates either supported or opposed, use page 6 of this form Additional Section 28.*

### ADDITIONAL PAC INFORMATION

29. **Committees Established by a Business Entity, Labor Union or Other Membership Association Only:** Provide the name and address of the connected entity that is responsible for establishing the committee.

29a. **If the committee is established by a person other than a human being, is that person making the expenditure a foreign national?:** If the committee is established by a person other than a human being identify whether that person is a foreign national by checking either no or yes box. Foreign national and person are defined in General Statutes § 9-601, as revised by Public Act 24-28. If you leave this question blank, you are certifying that no one who established or controls this independent expenditure only political committee does so as the agent of a business entity, labor union, other membership entity, or any other legal entity or association.

30. **How will Funds be Received:** If the committee is formed by a labor union or other membership association, indicate the method by which the committee's internal funds will be received.

31. **Is Committee a Component Member of a Statewide Entity?:** Check either the *no* or *yes* sub box to identify whether the entity establishing the PAC, whether it is a business entity, labor union or other organization, is also associated with a regional or statewide entity. *If yes*, then enter the name and address of the affiliated regional or statewide entity. This is particularly applicable to the local of a labor union, but it may also be applicable to a trade or professional association that is affiliated with a regional or statewide association.

### LOBBYIST STATUS

32. **Is Committee Established or Controlled by a Registered Lobbyist?:** Check either the *no* or *yes* box to identify whether the entity establishing the PAC, whether it is a business entity, labor union or other organization, is also associated with a regional or statewide entity. *If yes*, enter the name and address of the affiliated regional or statewide entity. This is particularly applicable to the local of a labor union, but it may also be applicable to a trade or professional association that is affiliated with a regional or statewide association. *If there is insufficient space on the form for identifying all of the names of the registered lobbyists, use page 7 of this form Additional Section 32.*

### GENERAL ASSEMBLY

33. **Is Committee Established by an Elected Statewide Official, General Assembly Member or Agent thereof?:** Check either the *no* or *yes* box. *If yes*, enter the name or names of the individuals who are elected statewide officials or members of the General Assembly who *established* or *controlled* the committee or their agents. *If there is insufficient space on the form for identifying all of the officials or members who established or controlled the committee, use page 8 of this form Additional Section 33.*

**GENERAL ASSEMBLY** *continued*

34. **Is Committee Established for a Senatorial District?:** Check either *no* or *yes*. *If yes*, identify the district by number.

35. **Is Committee Established for an Assembly District?:** Check either *no* or *yes*. *If yes*, identify the district by number.

**OUT-OF-STATE FILING INFORMATION**

36. **Does Committee File Reports with the Federal Elections Commission or Any Out-of-State Elections Agency?:** Check either *no* or *yes* box. *If yes*, identify the name of the out-of-state elections agency.

**PRE-REGISTRATION INFORMATION**

37. **Has a Contribution or Disbursement Been Made Prior to this Registration Statement?:** Check either the *no* or *yes* box. This applies to new PACs only. *If yes is checked*, the treasurer is required to file an SEEC Form 20, Itemized Campaign Finance Disclosure Statement, together with this SEEC FORM 3, which must be itemized and complete as to the first day of the committee's deposits into the committee's single checking account. *If no is checked*, the deadline date for the committee's first SEEC Form 20 filing is no later than 48 hours after the committee's first day of deposit.

**STATE CONTRACTOR**

38. **Is Committee Established by or on behalf of a State Contractor or Principal of a State Contractor?:** Check either the *no* or *yes* box. *If yes*, identify the name of the state contractor or principal, which may be either an individual or an entity. Item 38 requires disclosure of (1) the name of any individual who is a principal of a state contractor or prospective state contractor, as defined, and who is associated with this committee either as a chairperson, treasurer, or deputy treasurer, as well as the name of a business entity, labor union or other entity disclosed under Item 29a as connected to this committee *if* such entity is a also state contractor or prospective state contractor, as defined. *If there is insufficient space on the form for identifying all of the names of principals, use page 9 of this form* Additional Section 38.

**STATEWIDE AND GENERAL ASSEMBLY**

39. **Purpose of Committee as to Statewide and General Assembly Candidates:** Check either the *no* or *yes* boxes in *both A and B*. Note that committees established by a business entity, non-profit or individual that is a state contractor or prospective state contractor should not be authorized to give to candidates in the branch of government with which the contractor has contract(s).

**INVESTMENT FIRM**

40. **Is Committee Established by or on behalf of a Principal of an Investment Services Firm?:** Check either the *no* or *yes* box. *If yes*, provide the full name of the principal. *If there is insufficient space on the form for identifying all of the names of principals, use page 10 of this form* Additional Section 40.

**CERTIFICATION**

41. **Certification:** These certifications, which are made under penalties of false statement, must be signed and dated (as outlined below) by the chairperson, treasurer, and deputy treasurer (if applicable).

**CERTIFICATION** *continued*

If this is the **Biennial Committee Re-Registration** due by November 15 in even numbered years, the chairperson who is completing the biennial re-registration filing requirement must check the box for Biennial Committee Re-Registration and sign that certification. The treasurer and deputy treasurer (if applicable) must also check the box for Biennial Committee Re-Registration and sign that certification.

**IMPORTANT NOTE:** This SEEC Form 3 will not satisfy the biennial re-registration requirement unless the Biennial Committee Re-Registration Certification is made by the chairperson, treasurer and deputy treasurer (if applicable).

**PLEASE NOTE:** Certifications now include foreign national status due to recent law change in Public Act 24-28 that makes it illegal for a foreign national to make contributions or expenditures, directly or indirectly. This includes individuals and persons. Please see General Statutes §9-601, as revised in Public Act 24-28, for definitions of individual, person, and foreign national.

**CERTIFICATION FOR LEGISLATIVE LEADERSHIP COMMITTEES ONLY**

41. **Certification:** This certification is only applicable to legislative leaders who are designating a committee as a legislative leadership committee and the certification is in addition to the certifications required under Section 40 above. The certification is also made under penalties of false statement and must be signed and dated by the legislative leader along with his/her leadership title.

**ADDITIONAL PAGES FOR SEEC FORM 3**

If additional pages are needed to complete all information required in Sections 23, 27, 31, 32, 37 and 39 of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the SEEC Form 3.