

# SEEC FORM 3NC

## Political Committee (PAC)

### Biennial Re-Registration Without Changes

STATE ELECTIONS ENFORCEMENT COMMISSION

Revised September 2012



Do Not Mark in This Space For Official Use Only

<b>1. NAME OF COMMITTEE</b>			<b>2. ACRONYM</b>		
NARAL Pro-Choice Connecticut PAC					
<b>3. COMMITTEE ADDRESS</b>			<b>4. COMMITTEE E-MAIL &amp; WEBSITE</b>		
Address 56 Arbor St Ste 412			E-Mail Address info@prochoicect.org		
City Hartford	State CT	Zip Code 06106	Website www.prochoicect.org		
<b>5. TREASURER NAME</b>					
First Name Michael		MI V	Last Name Brown		Suffix
<b>6. TREASURER RESIDENCE ADDRESS</b>			<b>7. TREASURER MAILING ADDRESS (If different)</b>		
Street Address 67 Point Beach Dr			Address		
City Milford	State CT	Zip Code 06460	City	State	Zip Code
<b>8. TREASURER TELEPHONE</b>		<b>9. TREASURER E-MAIL ADDRESS</b>			
(Include Area Code) ( 203 ) 868 - 1382					

<b>10. CERTIFICATION</b>	
Treasurer	
I hereby certify and state, under penalties of false statement, that I have reviewed in full the most recent SEEC Form 3 on file with the State Elections Enforcement Commission, that, upon review, all of the designations set forth in that political committee registration statement are true, accurate and complete to the best of my knowledge and belief, and that there have been no changes, additions, or deletions to the information contained therein since that registration statement was filed.	
Michael V Brown	08/30/2016
_____ TREASURER SIGNATURE	_____ DATE (mm/dd/yyyy)

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.