



# SEEC FORM 3

## Political Committee (PAC) Registration STATE ELECTIONS ENFORCEMENT COMMISSION Revised September 2012

### REGISTRATION TYPE

- Original
- Amendment/  
Biennial with Changes

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>	
Health Care Facility Leadership PAC					
<b>3. COMMITTEE ADDRESS</b>			<b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>		
Address 108 Mad River Rd			Email dcleary@wolcotthealthsystems.com		
City Wolcott	State CT	Zip Code 06716	Website		
<b>6. CHAIRPERSON NAME</b>					
First Name Raymond	MI	Last Name Talamona		Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>		
Street Address 5 Windy Knoll Dr			Address		
City Berlin	State CT	Zip Code 06716	City	State	Zip Code
<b>9. CHAIRPERSON TELEPHONE</b>			<b>10. CHAIRPERSON E-MAIL ADDRESS</b>		
(Include Area Code) 860 214 8466			Raymond.Talamona@GenesisHCC.com		
<b>11. TREASURER NAME</b>					
First Name Dennis	MI H	Last Name Cleary		Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (If different)</b>		
Street Address 108 Mad River Rd			Address		
City Wolcott	State CT	Zip Code 06716	City	State	Zip Code
<b>14. TREASURER TELEPHONE</b>			<b>15. TREASURER E-MAIL ADDRESS</b>		
(Include Area Code) 203 592 6272			DCleary@WolcottHealthSystems.com		
<b>16. DEPUTY TREASURER NAME</b>					
First Name Scott	MI M	Last Name Cleary		Suffix	
<b>17. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>18. DEPUTY TREASURER MAILING ADDRESS (If different)</b>		
Street Address 226 Andrews Rd			Address		
City Wolcott	State CT	Zip Code 06716	City	State	Zip Code
<b>19. DEPUTY TREASURER TELEPHONE</b>			<b>20. DEPUTY TREASURER E-MAIL ADDRESS</b>		
(Include Area Code) 203 228 2243			Scott.Cleary1@gmail.com		
<b>21. DEPOSITORY INSTITUTION NAME</b>					
TD Bank					
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 826 Wolcott Road, Wolcott, CT 06716					

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Revised September 2012

<b>NAME OF COMMITTEE</b>		<b>REGISTRATION TYPE</b>	
Health Care Facility Leadership PAC		<input checked="" type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes	
<b>23. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23A. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23B. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23C. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23D. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23E. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23F. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23G. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code

NAME OF COMMITTEE	REGISTRATION TYPE
Health Care Facility Leadership PAC	<input checked="" type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes

**24. COMMITTEE SUBTYPE** (Select a single committee subtype under A or B. If you check B, you must also check one of four caucus subtypes)

<p><b>A.</b>   <input checked="" type="radio"/> Two or More Individuals                      <input type="radio"/> Labor Union</p> <p>         <input type="radio"/> Two or More Committees (Event(s))            <input type="radio"/> Other Organization</p> <p>         <input type="radio"/> Business Entity    <input type="radio"/> Legislative Leadership</p>	<p><b>B.</b>   <input type="checkbox"/> Legislative Caucus (Select subtype)</p> <p>                         <input type="radio"/> Senate Democrats                      <input type="radio"/> House Democrats</p> <p>                         <input type="radio"/> Senate Republicans                      <input type="radio"/> House Republicans</p>
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**25. PURPOSE OF COMMITTEE** (Select a single committee purpose under A or B and applicable subtype)

<p><b>A. <input checked="" type="radio"/> Ongoing</b> (Select subtype)</p> <p>         <input type="radio"/> State Elections Only</p> <p>         <input type="radio"/> Municipal Elections Only</p> <p>         <input checked="" type="radio"/> Both</p>	<p><b>B. <input type="radio"/> Durational</b> (Select subtype)</p> <p>         <input type="radio"/> Single Election Date _____            <input type="radio"/> Single Referendum Date _____</p> <p>         <input type="radio"/> Single Primary Date _____            <input type="radio"/> Constitutional Amendment Date _____</p> <p>         <input type="radio"/> Single Candidate                      <input type="radio"/> Event(s) (Names of Participating Committees, _____)</p> <p>         <input type="radio"/> Political Slate Committee</p>
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26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY	27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT
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<p><i>Brief description of subject matter of Referendum Question or Constitutional Amendment</i></p>	<p><input type="radio"/> Support                      <input type="radio"/> Oppose</p>
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**28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY**  See Addendum

Position	Name of Candidate(s)	Office(s) Sought	Party Designation
<input type="radio"/> Support <input type="radio"/> Oppose			

**29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY**

Entity Name	Address	City	State	Zip Code

30. HOW WILL FUNDS BE RECEIVED?	31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY
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<p><i>Committees formed by a Labor Union or Other Organization ONLY</i></p> <p><input type="radio"/> Treasury    <input type="radio"/> Voluntary Member Contributions</p>	<p><i>(i.e. AFL-CIO, AFSCME, CBLA, etc.)</i>   <input type="radio"/> No   <input type="radio"/> Yes (Name &amp; Address) _____</p>
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**32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST?**  See Addendum

No     Yes If Yes, Name of Registered Lobbyist \_\_\_\_\_

Client Lobbyist  
 Communicator Lobbyist  
 Both

**33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?**

No     Yes If Yes, Name of Official Member \_\_\_\_\_  See Addendum

34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?	35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?
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<p><input checked="" type="radio"/> No    <input type="radio"/> Yes If Yes, District Number _____</p>	<p><input checked="" type="radio"/> No    <input type="radio"/> Yes If Yes, District Number _____</p>
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**36. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?**

No     Yes If Yes, Name of Agency \_\_\_\_\_

**37. HAS A CONTRIBUTION OR DISBURSEMENT BEEN MADE PRIOR TO THIS REGISTRATION STATEMENT?**

No     Yes If Yes, see instructions for additional filing requirements.

NAME OF COMMITTEE	REGISTRATION TYPE
Health Care Facility Leadership PAC	<input checked="" type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes
<b>38. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?</b>	
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Contractor or Principal _____ <input type="checkbox"/> See Addendum	
<b>39. PURPOSE OF COMMITTEE AS TO STATEWIDE &amp; GENERAL ASSEMBLY CANDIDATES</b>	
<b>A. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for Statewide Office?</b> <input type="radio"/> No <input checked="" type="radio"/> Yes	<b>B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly?</b> <input type="radio"/> No <input checked="" type="radio"/> Yes
<b>40. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?</b>	
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Principal _____ <input type="checkbox"/> See Addendum	
<b>41. CERTIFICATION</b>	
<p>Chairperson</p> <p>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.</p> <p>Raymond Talamona _____ 04/12/2018 CHAIRPERSON SIGNATURE DATE (mm/dd/yyyy)</p>	
<p>Treasurer</p> <p><input checked="" type="radio"/> <b>Initial Committee Registration:</b> 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 <i>either</i> submitting this registration statement <i>together with</i> 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.</p> <p><input type="radio"/> <b>Amended Committee Registration:</b> 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 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.</p> <p><input type="radio"/> <b>Biennial Committee Re-Registration:</b> 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 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further 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.</p> <p>Dennis H Cleary _____ 04/12/2018 TREASURER SIGNATURE DATE (mm/dd/yyyy)</p>	

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**41. CERTIFICATION** *continued*

Deputy Treasurer

**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 deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

**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 deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

**Biennial Committee Re-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 deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further 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.

Scott M Cleary

04/12/2018

DEPUTY TREASURER SIGNATURE

DATE (mm/dd/yyyy)

**42. CERTIFICATION FOR LEGISLATIVE LEADERSHIP COMMITTEES ONLY**

Legislative Leader

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 9-605(e)(3) of the Connecticut General Statutes.

LEGISLATIVE LEADER SIGNATURE

DATE (mm/dd/yyyy)

**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.