



SEEC FORM 3

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

Received by SEEC
01/09/2020 11:17 AM

REGISTRATION TYPE
<input type="radio"/> Original
<input checked="" type="radio"/> Amendment/ Biennial with Changes

1. NAME OF COMMITTEE				2. ACRONYM	
CT Realtors PAC					
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE		
Address 111 Founders Plz Ste 1101			Email rpac@ctrealtors.com		
City East Hartford	State CT	Zip Code 06108	Website		
6. CHAIRPERSON NAME					
First Name Joseph	MI NS	Last Name Stafford		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 48 Claybar Dr			Address 1014 Farmington Ave		
City West Hartford	State CT	Zip Code 06117	City West Hartford	State CT	Zip Code 06107
9. CHAIRPERSON TELEPHONE		10. CHAIRPERSON E-MAIL ADDRESS			
(Include Area Code) 860 523 4261		jstafre@cs.com			
11. TREASURER NAME					
First Name Joseph	MI NS	Last Name Stafford		Suffix	
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 48 Claybar Dr			Address 1014 Farmington Ave		
City West Hartford	State CT	Zip Code 06117	City West Hartford	State CT	Zip Code 06107
14. TREASURER TELEPHONE		15. TREASURER E-MAIL ADDRESS			
(Include Area Code) 860 523 4261		jstafre@cs.com			
16. DEPUTY TREASURER NAME					
First Name	MI	Last Name		Suffix	
17. DEPUTY TREASURER RESIDENCE ADDRESS			18. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
19. DEPUTY TREASURER TELEPHONE		20. DEPUTY TREASURER E-MAIL ADDRESS			
(Include Area Code)					
21. DEPOSITORY INSTITUTION NAME					
Bank of America, N.A.					
22. DEPOSITORY INSTITUTION ADDRESS					
Address 157 Church St., New Haven, CT 06510					

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Revised September 2012

NAME OF COMMITTEE		REGISTRATION TYPE	
CT Realtors PAC		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
Michael C Barbaro		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
75 Cove St	New Haven	CT	06512-430
23A. OFFICER NAME		TITLE OR POSITION	
Joanne T Breen		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
110 Partridge Dr	Newington	CT	06111
23B. OFFICER NAME		TITLE OR POSITION	
Carol L Christiansen		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
909 Colonel Ledyard Hwy	Ledyard	CT	06339
23C. OFFICER NAME		TITLE OR POSITION	
Scott Cooney		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
17 Wooster Hts	Danbury	CT	06810-75:
23D. OFFICER NAME		TITLE OR POSITION	
Gayle Dennehy		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
28 Perron Rd	Plainville	CT	06062
23E. OFFICER NAME		TITLE OR POSITION	
Marilyn Dzen		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
93 Middle Rd	Ellington	CT	06029
23F. OFFICER NAME		TITLE OR POSITION	
Tammy Felenstein		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
11 Calass Ln	Stamford	CT	06903
23G. OFFICER NAME		TITLE OR POSITION	
David P Gallitto		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
604 Kelsey St	Middletown	CT	06457

NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	<input type="radio"/> Original <input checked="" 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>A. <input 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 checked="" type="radio"/> Business Entity <input type="radio"/> Legislative Leadership</p>	<p>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>A. <input checked="" type="radio"/> Ongoing (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. <input type="radio"/> Durational (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
Connecticut Association of REALTORS, Inc.	111 Founders Plz Ste 1101	East Hartford	CT	06108

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 checked="" type="radio"/> No <input type="radio"/> Yes (Name & 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 Connecticut Association of REALTORS, Inc.

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 type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____</p>	<p><input 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
CT Realtors PAC	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes
38. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?	
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Contractor or Principal _____ <input type="checkbox"/> See Addendum	
39. PURPOSE OF COMMITTEE AS TO STATEWIDE & GENERAL ASSEMBLY CANDIDATES	
A. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for Statewide Office? <input type="radio"/> No <input checked="" type="radio"/> Yes	B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly? <input type="radio"/> No <input checked="" type="radio"/> Yes
40. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?	
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Principal _____ <input type="checkbox"/> See Addendum	
41. CERTIFICATION	
<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 style="text-align: center;"> Joseph NS Stafford 01/07/2020 </p> <p style="text-align: center;"> CHAIRPERSON SIGNATURE DATE (mm/dd/yyyy) </p>	
<p>Treasurer</p> <p><input type="radio"/> 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 <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 checked="" type="radio"/> 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 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.</p> <p><input type="radio"/> 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 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 style="text-align: center;"> Joseph NS Stafford 01/07/2020 </p> <p style="text-align: center;"> TREASURER SIGNATURE DATE (mm/dd/yyyy) </p>	

NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes

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.

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.

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NAME OF COMMITTEE		REGISTRATION TYPE	
CT Realtors PAC		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23H. OFFICER NAME		TITLE OR POSITION	
Alexandria Kebalo Hughes		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 183 Walbridge Hill Rd		City Tolland	State CT Zip Code 06084
23I. OFFICER NAME		TITLE OR POSITION	
Dan Keune		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 335 Somers Rd		City Ellington	State CT Zip Code 06029
23J. OFFICER NAME		TITLE OR POSITION	
Sandra M Schede		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 104 Evergreen Ln		City Meriden	State CT Zip Code 06450
23K. OFFICER NAME		TITLE OR POSITION	
Byran J Tunney		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 221 Orchard St		City Cos Cob	State CT Zip Code 06807
23L. OFFICER NAME		TITLE OR POSITION	
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	
OFFICER RESIDENCE ADDRESS			
Address		City	State Zip Code
23O. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State Zip Code

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NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes

28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY

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

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NAME OF COMMITTEE	REGISTRATION TYPE		
CT Realtors PAC	<input type="radio"/> Original	<input checked="" type="radio"/> Amendment/ Biennial with Changes	
32. COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST			
Name of Registered Lobbyist	<input type="radio"/> Client Lobbyist	<input type="radio"/> Communicator Lobbyist	<input type="radio"/> Both
Name of Registered Lobbyist	<input type="radio"/> Client Lobbyist	<input type="radio"/> Communicator Lobbyist	<input type="radio"/> Both
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NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes
33 COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF	
Name of Member of Official	
Name of Member of Official	
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Name of Member of Official	
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38. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR
Name of Principal
Name of Principal
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NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes
40. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM	
Name of Principal	
Name of Principal	
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