



SEEC FORM 3

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

REGISTRATION TYPE

- Original
- Amendment/
Biennial with Changes

1. NAME OF COMMITTEE				2. ACRONYM	
CT Realtors PAC					
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE		
Address 90 State House Sq Ste 1120			Email rpac@ctrealtors.com		
City Hartford	State CT	Zip Code 06103	Website		
6. CHAIRPERSON NAME					
First Name Joseph	MI S	Last Name Stafford		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 48 Claybar Dr			Address 90 State House Sq Ste 1120		
City West Hartford	State CT	Zip Code 06117	City Hartford	State CT	Zip Code 06103
9. CHAIRPERSON TELEPHONE		10. CHAIRPERSON E-MAIL ADDRESS			
(Include Area Code) 860 523 4261		jstafre@cs.com			
11. TREASURER NAME					
First Name Joseph	MI S	Last Name Stafford		Suffix	
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 48 Claybar Dr			Address 90 State House Sq Ste 1120		
City West Hartford	State CT	Zip Code 06117	City Hartford	State CT	Zip Code 06103
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					

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	
Stacey Loh		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 40 E Elm St		City Greenwich	State CT
			Zip Code 06830
23A. OFFICER NAME		TITLE OR POSITION	
Daniel Keune		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 335 Somers Rd		City Ellington	State CT
			Zip Code 06029
23B. OFFICER NAME		TITLE OR POSITION	
Carl Lantz		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 35 N Quaker Ln		City West Hartford	State CT
			Zip Code 06119
23C. OFFICER NAME		TITLE OR POSITION	
Marilyn Lusher		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 6 Williamsburg Dr		City Waterford	State CT
			Zip Code 06385
23D. OFFICER NAME		TITLE OR POSITION	
Steven Miller		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 11 Saint John St # D-10		City North Haven	State CT
			Zip Code 06473
23E. OFFICER NAME		TITLE OR POSITION	
David Gallitto		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 604 Kelsey St		City Middletown	State CT
			Zip Code 06457
23F. OFFICER NAME		TITLE OR POSITION	
Bryan Tunney		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 221 Orchard St		City Cos Cob	State CT
			Zip Code 06807
23G. OFFICER NAME		TITLE OR POSITION	
Joanne Breen		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 4 Pelton Ave		City Old Saybrook	State CT
			Zip Code 06475

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

<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.	90 State House Sq Ste 1120	Hartford	CT	06108

30. HOW WILL FUNDS BE RECEIVED?

31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY

<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

<p><input type="radio"/> No <input checked="" type="radio"/> Yes If Yes, Name of Registered Lobbyist _____ Connecticut Association of REALTORS, Inc.</p>	<p><input checked="" type="radio"/> Client Lobbyist <input type="radio"/> Communicator Lobbyist <input type="radio"/> Both</p>
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33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?

<p><input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Official Member _____</p>	<p><input type="checkbox"/> See Addendum</p>
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34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?

35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?

<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?

<p><input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Agency _____</p>	
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37. HAS A CONTRIBUTION OR DISBURSEMENT BEEN MADE PRIOR TO THIS REGISTRATION STATEMENT?

<p><input type="radio"/> No <input type="radio"/> Yes If Yes, see instructions for additional filing requirements.</p>	
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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	
Chairperson	
<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>	
Joseph S Stafford _____ CHAIRPERSON SIGNATURE	08/01/2024 _____ DATE (mm/dd/yyyy)
Treasurer	
<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.	
<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.	
<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.	
Joseph S Stafford _____ TREASURER SIGNATURE	08/01/2024 _____ DATE (mm/dd/yyyy)

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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SEEC FORM 3A
Revised September 2012

ADDITIONAL SECTION 23
SEEC FORM 3

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	
Scott Cooney		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 17 Wooster Hts		City Danbury	State CT
			Zip Code 06810-75
23I. OFFICER NAME		TITLE OR POSITION	
Michael Barbaro		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 75 Cove St		City New Haven	State CT
			Zip Code 06512-43
23J. OFFICER NAME		TITLE OR POSITION	
Augustus Ryer		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 13 Sunset Ln		City Ridgefield	State CT
			Zip Code 06877
23K. OFFICER NAME		TITLE OR POSITION	
Mary Ann Hebert		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 114 Periwinkle Dr		City Middlebury	State CT
			Zip Code 06762
23L. OFFICER NAME		TITLE OR POSITION	
Carol Christiansen		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 29 Quakertown Mdw		City Ledyard	State CT
			Zip Code 06339
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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28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY

Position	Name of Candidate	Office Sought	Party Designation
<input type="radio"/> Support <input type="radio"/> Oppose			
<input type="radio"/> Support <input type="radio"/> Oppose			
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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	
Name of Member of Official	
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CT Realtors PAC	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes

38. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR
Name of Principal
Name of Principal
Name of Principal
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	
Name of Principal	
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