



SEEC FORM 3

Political Committee (PAC) Registration
STATE ELECTIONS ENFORCEMENT COMMISSION
Revised 2024

Received by SEEC

11/05/2024 01:35 PM

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				City		State	Zip Code

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.

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
36. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?	
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Agency _____	
37. HAS A CONTRIBUTION OR DISBURSEMENT BEEN MADE PRIOR TO THIS REGISTRATION STATEMENT?	
<input type="radio"/> No <input type="radio"/> Yes If Yes, see instructions for additional filing requirements.	
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? <div style="text-align: right;"> <input type="radio"/> No <input checked="" type="radio"/> Yes </div>	B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly? <div style="text-align: right;"> <input type="radio"/> No <input checked="" type="radio"/> Yes </div>
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 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Joseph S Stafford</u> CHAIRPERSON SIGNATURE </div> <div style="width: 45%;"> <u>08/01/2024</u> DATE (mm/dd/yyyy) </div> </div>	
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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national. <input 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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national. <input checked="" 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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Joseph S Stafford</u> TREASURER SIGNATURE </div> <div style="width: 45%;"> <u>11/05/2024</u> DATE (mm/dd/yyyy) </div> </div>	

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.

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 06810-7
23I. OFFICER NAME		TITLE OR POSITION		
Michael Barbaro		Trustee		
OFFICER RESIDENCE ADDRESS				
Address 75 Cove St		City New Haven	State CT	Zip Code 06512-4
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 4 Pelton Ave		City Old Saybrook	State CT	Zip Code 06475
23L. OFFICER NAME		TITLE OR POSITION		
Carol Christiansen		Trustee		
OFFICER RESIDENCE ADDRESS				
Address 4 Pelton Ave		City Old Saybrook	State CT	Zip Code 06475
23M. OFFICER NAME		TITLE OR POSITION		
OFFICER RESIDENCE ADDRESS				
Address 4 Pelton Ave		City Old Saybrook	State CT	Zip Code 06475
23N. OFFICER NAME		TITLE OR POSITION		
Breen		Trustee		
OFFICER RESIDENCE ADDRESS				
Address 4 Pelton Ave		City Old Saybrook	State CT	Zip Code 06475
23O. OFFICER NAME		TITLE OR POSITION		
Joanne				
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
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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NAME OF COMMITTEE	REGISTRATION TYPE
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
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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	
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