



SEEC FORM 3

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

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Received by SEEC

01/12/2026 03:20 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		☐ Original ☒ Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
Stacey Loh		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
40 E Elm St	Greenwich	CT	06830
23A. OFFICER NAME		TITLE OR POSITION	
Daniel Keune		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
335 Somers Rd	Ellington	CT	06029
23B. OFFICER NAME		TITLE OR POSITION	
Marilyn Lusher		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
6 Williamsburg Dr	Waterford	CT	06385
23C. OFFICER NAME		TITLE OR POSITION	
Steven Miller		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
11 Saint John St # D-10	North Haven	CT	06473
23D. OFFICER NAME		TITLE OR POSITION	
Joanne Breen		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
4 Pelton Ave	Old Saybrook	CT	06475
23E. OFFICER NAME		TITLE OR POSITION	
Scott Cooney		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
17 Wooster Hts	Danbury	CT	06810-7
23F. OFFICER NAME		TITLE OR POSITION	
Augustus Ryer		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
13 Sunset Ln	Ridgefield	CT	06877
23G. OFFICER NAME		TITLE OR POSITION	
Alexandria Kebalo		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
12 Green St	Ellington	CT	06029-3

NAME OF COMMITTEE		REGISTRATION TYPE	
CT Realtors PAC		☐ Original ☒ 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)			
A. ☐ Two or More Individuals ☐ Labor Union ☐ Two or More Committees (Event(s)) ☐ Other Organization ☒ Business Entity ☐ Legislative Leadership		B. ☐ Legislative Caucus (Select subtype) ☐ Senate Democrats ☐ House Democrats ☐ Senate Republicans ☐ House Republicans	
25. PURPOSE OF COMMITTEE (Select a single committee purpose under A or B and applicable subtype)			
A. ☒ Ongoing (Select subtype) ☐ State Elections Only ☐ Municipal Elections Only ☒ Both		B. ☐ Durational (Select subtype) ☐ Single Election Date _____ ☐ Single Referendum Date _____ ☐ Single Primary Date _____ ☐ Constitutional Amendment Date _____ ☐ Single Candidate ☐ Event(s) (Names of Participating Committees) _____ ☐ Political Slate Committee _____	
26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY		27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT	
Brief description of subject matter of Referendum Question or Constitutional Amendment		☐ Support ☐ Oppose	
28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY ☐ See Addendum			
Position ☐ Support ☐ Oppose	Name of Candidate(s)	Office(s) Sought	Party Designation
29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY			
Entity Name	Address	City	State Zip Code
Connecticut Association of REALTORS	90 State House Sq Ste 1120	Hartford	CT 06108
29a. IF THE COMMITTEE IS ESTABLISHED BY A PERSON OTHER THAN A HUMAN BEING, IS THAT PERSON MAKING THE EXPENDITURE A FOREIGN NATIONAL?			
☒ No ☐ Yes			
30. HOW WILL FUNDS BE RECEIVED?		31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY	
Committees formed by a Labor Union or Other Organization ONLY ☐ Treasury ☐ Voluntary Member Contributions		(i.e. AFL-CIO, AFSCME, CBIA, etc.) ☒ No ☐ Yes (Name & Address) _____	
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?	
☐ No ☐ Yes If Yes, District Number _____		☐ No ☐ Yes If Yes, District Number _____	

NAME OF COMMITTEE	REGISTRATION TYPE
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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.	
38. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?	
☒ No ☐ Yes If Yes, Name of Contractor or Principal _____ ☐ 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? ☐ No ☒ Yes	B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly? ☐ No ☒ Yes
40. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?	
☒ No ☐ Yes If Yes, Name of Principal _____ ☐ 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. 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. <u>Joseph S Stafford</u> CHAIRPERSON SIGNATURE <u>01/08/2026</u> DATE (mm/dd/yyyy)	
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 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. ☒ 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. ☐ 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. <u>Joseph S Stafford</u> TREASURER SIGNATURE <u>01/08/2026</u> DATE (mm/dd/yyyy)	

NAME OF COMMITTEE	REGISTRATION TYPE
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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. 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.

☐**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. 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.

☐**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. 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.

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		☐ Original ☒ Amendment/ Biennial with Changes	
23H. OFFICER NAME		TITLE OR POSITION	
robert morey		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
42 Boulevard R-1	Newtown	CT	06470
23I. OFFICER NAME		TITLE OR POSITION	
Justin Bette		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
234 S Britain Rd	Southbury	CT	06488
23J. OFFICER NAME		TITLE OR POSITION	
Carol Christiansen		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
29 Quakertown Mdw	Ledyard	CT	06339
23K. OFFICER NAME		TITLE OR POSITION	
David Gallitto		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
12 Green St	Ellington	CT	06029-3
23L. OFFICER NAME		TITLE OR POSITION	
Bryan Tunney		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
12 Green St	Ellington	CT	06029-3
23M. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
12 Green St	Ellington	CT	06029-3
23N. OFFICER NAME		TITLE OR POSITION	
Kebalo		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
12 Green St	Ellington	CT	06029-3
23O. OFFICER NAME		TITLE OR POSITION	
Alexandria			
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
12 Green St	Ellington	CT	06029-3

Revised September 2024

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NAME OF COMMITTEE	REGISTRATION TYPE		
CT Realtors PAC	☐ Original	☒ Amendment/ Biennial with Changes	
32. COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST			
Name of Registered Lobbyist Connecticut Association of REALTORS, Inc.	☐ Client Lobbyist	☐ Communicator Lobbyist	☐ Both
Name of Registered Lobbyist	☐ Client Lobbyist	☐ Communicator Lobbyist	☐ Both
Name of Registered Lobbyist	☐ Client Lobbyist	☐ Communicator Lobbyist	☐ Both
Name of Registered Lobbyist	☐ Client Lobbyist	☐ Communicator Lobbyist	☐ Both
Name of Registered Lobbyist	☐ Client Lobbyist	☐ Communicator Lobbyist	☐ Both
Name of Registered Lobbyist	☐ Client Lobbyist	☐ Communicator Lobbyist	☐ Both
Name of Registered Lobbyist	☐ Client Lobbyist	☐ Communicator Lobbyist	☐ Both
Name of Registered Lobbyist	☐ Client Lobbyist	☐ Communicator Lobbyist	☐ Both
Name of Registered Lobbyist	☐ Client Lobbyist	☐ Communicator Lobbyist	☐ Both
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Name of Registered Lobbyist	☐ Client Lobbyist	☐ Communicator Lobbyist	☐ Both
Name of Registered Lobbyist	☐ Client Lobbyist	☐ Communicator Lobbyist	☐ Both
Name of Registered Lobbyist	☐ Client Lobbyist	☐ Communicator Lobbyist	☐ Both
Name of Registered Lobbyist	☐ Client Lobbyist	☐ Communicator Lobbyist	☐ Both
Name of Registered Lobbyist	☐ Client Lobbyist	☐ Communicator Lobbyist	☐ Both
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Name of Registered Lobbyist	☐ Client Lobbyist	☐ Communicator Lobbyist	☐ Both
Name of Registered Lobbyist	☐ Client Lobbyist	☐ Communicator Lobbyist	☐ Both
Name of Registered Lobbyist	☐ Client Lobbyist	☒ Communicator Lobbyist	☐ Both

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TO SEEC FORM 3

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TO SEEC FORM 3[illegible]

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TO SEEC FORM 3[illegible]