



SEEC FORM 3

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

Received by SEEC
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REGISTRATION TYPE

- Original
- Amendment/
Biennial with Changes

1. NAME OF COMMITTEE				2. ACRONYM	
Firewall Fund					
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE		
Address 506 King St			Email apagegehr@gmail.com		
City Bristol	State CT	Zip Code 06010	Website		
6. CHAIRPERSON NAME					
First Name Nancy	MI J	Last Name DiNardo		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 61 Suzanne Cir			Address		
City Trumbull	State CT	Zip Code 06611	City	State	Zip Code
9. CHAIRPERSON TELEPHONE		10. CHAIRPERSON E-MAIL ADDRESS			
(Include Area Code) 203 268 5272		NDinardo1@aol.com			
11. TREASURER NAME					
First Name Timothy	MI	Last Name Birch		Suffix	
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 379 Belden Hill Rd			Address		
City Wilton	State CT	Zip Code 06987	City	State	Zip Code
14. TREASURER TELEPHONE		15. TREASURER E-MAIL ADDRESS			
(Include Area Code) 203 559 4911		TABSWA@gmail.com			
16. DEPUTY TREASURER NAME					
First Name Amber	MI	Last Name Page Gehr		Suffix	
17. DEPUTY TREASURER RESIDENCE ADDRESS			18. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address 506 King St			Address		
City Bristol	State CT	Zip Code 06010	City	State	Zip Code
19. DEPUTY TREASURER TELEPHONE		20. DEPUTY TREASURER E-MAIL ADDRESS			
(Include Area Code) 860 305 5617		apagegehr@gmail.com			
21. DEPOSITORY INSTITUTION NAME					
Webster Bank					
22. DEPOSITORY INSTITUTION ADDRESS					
Address 575 Farmington Ave, Bristol CT					

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

NAME OF COMMITTEE		REGISTRATION TYPE	
Firewall Fund		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
24. COMMITTEE SUBTYPE <i>(Select a single committee subtype under A or B. If you check B, you must also check one of four caucus subtypes)</i>			
A. <input checked="" type="radio"/> Two or More Individuals <input type="radio"/> Labor Union <input type="radio"/> Two or More Committees (Event(s)) <input type="radio"/> Other Organization <input type="radio"/> Business Entity <input type="radio"/> Legislative Leadership		B. <input type="checkbox"/> Legislative Caucus <i>(Select subtype)</i> <input type="radio"/> Senate Democrats <input type="radio"/> House Democrats <input type="radio"/> Senate Republicans <input type="radio"/> House Republicans	
25. PURPOSE OF COMMITTEE <i>(Select a single committee purpose under A or B and applicable subtype)</i>			
A. <input checked="" type="radio"/> Ongoing <i>(Select subtype)</i> <input type="radio"/> State Elections Only <input type="radio"/> Municipal Elections Only <input checked="" type="radio"/> Both		B. <input type="radio"/> Durational <i>(Select subtype)</i> <input type="radio"/> Single Election Date _____ <input type="radio"/> Single Referendum Date _____ <input type="radio"/> Single Primary Date _____ <input type="radio"/> Constitutional Amendment Date _____ <input type="radio"/> Single Candidate <input type="radio"/> Event(s) <i>(Names of Participating Committees,</i> <input type="radio"/> 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		<input type="radio"/> Support <input type="radio"/> Oppose	
28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY <input type="checkbox"/> See Addendum			
Position <input type="radio"/> Support <input type="radio"/> 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
30. HOW WILL FUNDS BE RECEIVED?		31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY	
<i>Committees formed by a Labor Union or Other Organization ONLY</i> <input type="radio"/> Treasury <input type="radio"/> Voluntary Member Contributions		<i>(i.e. AFL-CIO, AFSCME, CBLA, etc.)</i> <input type="radio"/> No <input type="radio"/> Yes <i>(Name & Address)</i> _____	
32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST? <input type="checkbox"/> See Addendum			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Registered Lobbyist _____		<input type="radio"/> Client Lobbyist <input type="radio"/> Communicator Lobbyist <input type="radio"/> Both	
33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?			
<input type="radio"/> No <input checked="" type="radio"/> Yes If Yes, Name of Official Member <u>William Tong</u>		<input type="checkbox"/> See Addendum	
34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?		35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?	
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____		<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____	
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.			

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Firewall Fund	<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>Nancy J DiNardo _____ 10/16/2023 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>Timothy Birch _____ 10/16/2023 TREASURER SIGNATURE DATE (mm/dd/yyyy)</p>	

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.

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.

Amber Page Gehr

10/16/2023

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.