



# SEEC FORM 3

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

Received by SEEC

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**REGISTRATION TYPE**

- Original
- Amendment/  
Biennial with Changes

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>			
East Hartford Black Caucus				EHBC			
<b>3. COMMITTEE ADDRESS</b>				<b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>			
Address 31 Hight St Apt 5308				Email easthartfordblackcaucus@gmail.com			
City East Hartford		State CT	Zip Code 06108	Website			
<b>6. CHAIRPERSON NAME</b>							
First Name Harry		MI	Last Name Amadasun			Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>				<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>			
Street Address 31 High St Apt 5308				Address			
City East Hartford		State CT	Zip Code 06108	City		State	Zip Code
<b>9. CHAIRPERSON TELEPHONE</b>				<b>10. CHAIRPERSON E-MAIL ADDRESS</b>			
(Include Area Code) 860 983 0577				hamadasun11@gmail.com			
<b>11. TREASURER NAME</b>							
First Name Erwin		MI T	Last Name Hurst			Suffix Sr	
<b>12. TREASURER RESIDENCE ADDRESS</b>				<b>13. TREASURER MAILING ADDRESS (If different)</b>			
Street Address 118 Oxford Dr				Address			
City East Hartford		State CT	Zip Code 06118	City		State	Zip Code
<b>14. TREASURER TELEPHONE</b>				<b>15. TREASURER E-MAIL ADDRESS</b>			
(Include Area Code) 860 997 4449				ethurst@gmail.com			
<b>16. DEPUTY TREASURER NAME</b>							
First Name Tia		MI L	Last Name Woods			Suffix	
<b>17. DEPUTY TREASURER RESIDENCE ADDRESS</b>				<b>18. DEPUTY TREASURER MAILING ADDRESS (If different)</b>			
Street Address 4 Simmons Rd				Address			
City East Hartford		State CT	Zip Code 06118	City		State	Zip Code
<b>19. DEPUTY TREASURER TELEPHONE</b>				<b>20. DEPUTY TREASURER E-MAIL ADDRESS</b>			
(Include Area Code) 860 881 8191				tialwoods@yahoo.com			
<b>21. DEPOSITORY INSTITUTION NAME</b>							
People's United Bank							
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>							
Address 940 Silver Lane, East Hartford, CT 06118				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	
East Hartford Black Caucus		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
Tyron                      V                      Harris		Parliamentarian	
OFFICER RESIDENCE ADDRESS			
Address 31 High St # 7204		City Hartford	State CT      Zip Code 06118-1
23A. OFFICER NAME		TITLE OR POSITION	
Erwin                      T                      Hurst		Treasurer	
OFFICER RESIDENCE ADDRESS			
Address 118 Oxford Dr		City East Hartford	State CT      Zip Code 06118
23B. OFFICER NAME		TITLE OR POSITION	
Vanessa                      Jenkins		Vice President	
OFFICER RESIDENCE ADDRESS			
Address 26 Suffolk Dr		City East Hartford	State CT      Zip Code 06118
23C. OFFICER NAME		TITLE OR POSITION	
Salema                      Davis		Secretary	
OFFICER RESIDENCE ADDRESS			
Address 11 Springside Ave		City East Hartford	State CT      Zip Code 06108
23D. OFFICER NAME		TITLE OR POSITION	
Tia                      L                      Woods		Deputy Treasurer	
OFFICER RESIDENCE ADDRESS			
Address 4 Simmons Rd		City East Hartford	State CT      Zip Code 06118
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

<b>NAME OF COMMITTEE</b>		<b>REGISTRATION TYPE</b>	
East Hartford Black Caucus		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
<b>24. COMMITTEE SUBTYPE</b> <i>(Select a single committee subtype under A or B. If you check B, you must also check one of four caucus subtypes)</i>			
<b>A.</b> <input checked="" type="radio"/> Two or More Individuals <input type="radio"/> Labor Union <input type="radio"/> Two or More Committees ( <i>Event(s)</i> ) <input type="radio"/> Other Organization <input type="radio"/> Business Entity <input type="radio"/> Legislative Leadership		<b>B.</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	
<b>25. PURPOSE OF COMMITTEE</b> <i>(Select a single committee purpose under A or B and applicable subtype)</i>			
<b>A.</b> <input checked="" type="radio"/> <b>Ongoing</b> ( <i>Select subtype</i> ) <input type="radio"/> State Elections Only <input type="radio"/> Municipal Elections Only <input checked="" type="radio"/> Both		<b>B.</b> <input type="radio"/> <b>Durational</b> ( <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 _____	
<b>26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY</b>		<b>27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT</b>	
Brief description of subject matter of Referendum Question or Constitutional Amendment		<input type="radio"/> Support <input type="radio"/> Oppose	
<b>28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY</b> <span style="float: right;"><input type="checkbox"/> See Addendum</span>			
Position <input type="radio"/> Support <input type="radio"/> Oppose	Name of Candidate(s)	Office(s) Sought	Party Designation
<b>29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY</b>			
Entity Name	Address	City	State    Zip Code
<b>29a. IF THE COMMITTEE IS ESTABLISHED BY A PERSON OTHER THAN A HUMAN BEING, IS THAT PERSON MAKING THE EXPENDITURE A FOREIGN NATIONAL?</b>			
<input checked="" type="radio"/> No <input type="radio"/> Yes			
<b>30. HOW WILL FUNDS BE RECEIVED?</b>		<b>31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY</b>	
<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, CBIA, etc.)</i> <input type="radio"/> No <input type="radio"/> Yes ( <i>Name &amp; Address</i> ) _____ _____	
<b>32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST?</b> <span style="float: right;"><input type="checkbox"/> See Addendum</span>			
<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	
<b>33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?</b>			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Official Member _____		<input type="checkbox"/> See Addendum	
<b>34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?</b>		<b>35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?</b>	
<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 _____	



NAME OF COMMITTEE	REGISTRATION TYPE
East Hartford Black Caucus	<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. 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.

Tia L Woods

DEPUTY TREASURER SIGNATURE

11/15/2024

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.