



SEEC FORM 3

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

REGISTRATION TYPE	
<input type="radio"/> Original	
<input checked="" type="radio"/> Amendment/ Biennial with Changes	

1. NAME OF COMMITTEE				2. ACRONYM	
District B Democratic Committee					
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE		
Address 11 Hanford Pl			Email burry@optonline.net		
City Norwalk	State CT	Zip Code 06854	Website www.democraticsono.com		
6. CHAIRPERSON NAME					
First Name Joe	MI B	Last Name Newell		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 11 Hanford Pl			Address		
City Norwalk	State CT	Zip Code 06854	City	State	Zip Code
9. CHAIRPERSON TELEPHONE			10. CHAIRPERSON E-MAIL ADDRESS		
(Include Area Code) 203 838 7668			burry@optonline.net		
11. TREASURER NAME					
First Name Michael	MI K.	Last Name Geake		Suffix	
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 39 Elmwood Ave			Address		
City Norwalk	State CT	Zip Code 06854	City	State	Zip Code
14. TREASURER TELEPHONE			15. TREASURER E-MAIL ADDRESS		
(Include Area Code) 203 852 9693			mike@mgeake.net		
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					
Webster Bank					
22. DEPOSITORY INSTITUTION ADDRESS					
Address Not Provided					

NAME OF COMMITTEE		REGISTRATION TYPE		
		<input type="radio"/> Original <input 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		
<i>Brief description of subject matter of Referendum Question or Constitutional Amendment</i>		<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 checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Official Member _____		<input type="checkbox"/> See Addendum		
34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?		35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?		
<input type="radio"/> No <input checked="" type="radio"/> Yes If Yes, District Number <u>25</u>		<input 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.				

NAME OF COMMITTEE	REGISTRATION TYPE
	<input type="radio"/> Original <input 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.