



# SEEC FORM 3

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

### REGISTRATION TYPE

- Original
- Amendment/  
Biennial with Changes

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>	
Association Of Commuter Rail Employees PAC					
<b>3. COMMITTEE ADDRESS</b>			<b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>		
Address 420 Lexington Ave Ste 215			Email acregst@gmail.com		
City New York	State NY	Zip Code 10170	Website		
<b>6. CHAIRPERSON NAME</b>					
First Name Mark	MI L.	Last Name Amorello		Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>		
Street Address 40 Woodcrest Ln			Address 420 Lexington Ave Ste 215		
City Danbury	State CT	Zip Code 06810	City New York	State NY	Zip Code 10170
<b>9. CHAIRPERSON TELEPHONE</b>		<b>10. CHAIRPERSON E-MAIL ADDRESS</b>			
(Include Area Code) 212 599 5856		acregst@gmail.com			
<b>11. TREASURER NAME</b>					
First Name Mark	MI L.	Last Name Amorello		Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (If different)</b>		
Street Address 40 Woodcrest Ln			Address		
City Danbury	State CT	Zip Code 06810	City	State	Zip Code
<b>14. TREASURER TELEPHONE</b>		<b>15. TREASURER E-MAIL ADDRESS</b>			
(Include Area Code) 212 599 5856		acregst@gmail.com			
<b>16. DEPUTY TREASURER NAME</b>					
First Name Marcellus	MI	Last Name Edwards		Suffix	
<b>17. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>18. DEPUTY TREASURER MAILING ADDRESS (If different)</b>		
Street Address 33 Orient Ln			Address 420 Lexington Ave Ste 215		
City North Haven	State CT	Zip Code 06473	City New York	State NY	Zip Code 10170
<b>19. DEPUTY TREASURER TELEPHONE</b>		<b>20. DEPUTY TREASURER E-MAIL ADDRESS</b>			
(Include Area Code) 203 234 9595		maedwardslll@att.net			
<b>21. DEPOSITORY INSTITUTION NAME</b>					
JP Morgan Chase					
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 60 East 42nd Street, New York, NY 10017					



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

<p><b>A.</b>    <input type="radio"/> Two or More Individuals                      <input checked="" type="radio"/> Labor Union</p> <p>         <input type="radio"/> Two or More Committees (Event(s))        <input type="radio"/> Other Organization</p> <p>         <input type="radio"/> Business Entity                                        <input type="radio"/> Legislative Leadership</p>	<p><b>B.</b>    <input type="checkbox"/> Legislative Caucus (Select subtype)</p> <p>         <input type="radio"/> Senate Democrats                      <input type="radio"/> House Democrats</p> <p>         <input type="radio"/> Senate Republicans                      <input type="radio"/> House Republicans</p>
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**25. PURPOSE OF COMMITTEE** (Select a single committee purpose under A or B and applicable subtype)

<p><b>A.</b>    <input checked="" type="radio"/> <b>Ongoing</b> (Select subtype)</p> <p>         <input checked="" type="radio"/> State Elections Only</p> <p>         <input type="radio"/> Municipal Elections Only</p> <p>         <input type="radio"/> Both</p>	<p><b>B.</b>    <input type="radio"/> <b>Durational</b> (Select subtype)</p> <p>         <input type="radio"/> Single Election Date _____    <input type="radio"/> Single Referendum Date _____</p> <p>         <input type="radio"/> Single Primary Date _____    <input type="radio"/> Constitutional Amendment Date _____</p> <p>         <input type="radio"/> Single Candidate                      <input type="radio"/> Event(s) (Names of Participating Committees, _____)</p> <p>         <input type="radio"/> Political Slate Committee _____</p>
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**26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY**

**27. GROUP'S POSITION ON THE REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT**

<p><i>Brief description of subject matter of Referendum Question or Constitutional Amendment</i></p>	<input type="radio"/> Support <input type="radio"/> Oppose
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**28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY**

See Addendum

Position	Name of Candidate(s)	Office(s) Sought	Party Designation
<input type="radio"/> Support <input type="radio"/> Oppose			

**29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY**

Entity Name	Address	City	State	Zip Code
Association of Commuter Rail Employees	420 Lexington Ave Ste 215	New York	NY	10070

**30. HOW WILL FUNDS BE RECEIVED?**

**31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY**

<p><i>Committees formed by a Labor Union or Other Organization ONLY</i></p> <input type="radio"/> Treasury <input checked="" type="radio"/> Voluntary Member Contributions	<p><i>(i.e. AFL-CIO, AFSCME, CBLA, etc.)</i>    <input checked="" type="radio"/> No    <input type="radio"/> Yes (Name &amp; Address) _____</p>
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**32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST?**

See Addendum

<input type="radio"/> No <input checked="" type="radio"/> Yes If Yes, Name of Registered Lobbyist <div style="text-align: center; margin-left: 150px;">The Kowalski Group</div>	<input checked="" type="radio"/> Client Lobbyist <input type="radio"/> Communicator Lobbyist <input type="radio"/> Both
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**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
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**34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?**

**35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?**

<input type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____	<input type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____
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**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 _____	
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**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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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.

Marcellus Edwards

11/15/2014

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.