



SEEC FORM 3

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

REGISTRATION TYPE

- Original
- Amendment/
Biennial with Changes

1. NAME OF COMMITTEE				2. ACRONYM	
Speaker's Leadership Committee					
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE		
Address 111 Apple HI			Email jjgreenfield@gmail.com		
City Newington	State CT	Zip Code 06111	Website		
6. CHAIRPERSON NAME					
First Name Laura	MI	Last Name Jordan		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 43 Girard St			Address		
City Hartford	State CT	Zip Code 06105	City	State	Zip Code
9. CHAIRPERSON TELEPHONE			10. CHAIRPERSON E-MAIL ADDRESS		
<i>(Include Area Code)</i> 860 978 5362			ljordan8@gmail.com		
11. TREASURER NAME					
First Name Jeffrey	MI S.	Last Name Greenfield		Suffix	
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 111 Apple HI			Address		
City Newington	State CT	Zip Code 06111	City	State	Zip Code
14. TREASURER TELEPHONE			15. TREASURER E-MAIL ADDRESS		
<i>(Include Area Code)</i> 860 983 6574			JJGreenfield@gmail.com		
16. DEPUTY TREASURER NAME					
First Name Jesse	MI P	Last Name Hubbard		Suffix	
17. DEPUTY TREASURER RESIDENCE ADDRESS			18. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address 105 Coniston Ave			Address		
City Waterbury	State CT	Zip Code 06708	City	State	Zip Code
19. DEPUTY TREASURER TELEPHONE			20. DEPUTY TREASURER E-MAIL ADDRESS		
<i>(Include Area Code)</i> 203 232 6396			hubbardjesse@yahoo.com		
21. DEPOSITORY INSTITUTION NAME					
Webster Bank					
22. DEPOSITORY INSTITUTION ADDRESS					
Address 392 W Main Street, Avon, CT 06001					

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

A. <input 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 checked="" type="radio"/> Legislative Leadership	B. <input type="checkbox"/> Legislative Caucus (Select subtype) <input type="radio"/> Senate Democrats <input type="radio"/> House Democrats <input type="radio"/> Senate Republicans <input type="radio"/> House Republicans
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25. PURPOSE OF COMMITTEE (Select a single committee purpose under A or B and applicable subtype)

A. <input checked="" type="radio"/> Ongoing (Select subtype) <input checked="" type="radio"/> State Elections Only <input type="radio"/> Municipal Elections Only <input type="radio"/> Both	B. <input type="radio"/> Durational (Select subtype) <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) (Names of Participating Committees, <input type="radio"/> Political Slate Committee
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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
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28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY

See Addendum

Position <input type="radio"/> Support <input type="radio"/> Oppose	Name of Candidate(s)	Office(s) Sought	Party Designation
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29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY

Entity Name	Address	City	State	Zip Code
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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 <input type="radio"/> Treasury <input type="radio"/> Voluntary Member Contributions	(i.e. AFL-CIO, AFSCME, CBLA, etc.) <input type="radio"/> No <input type="radio"/> Yes (Name & Address) _____
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32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST?

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
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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 Christopher Donovan	<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.

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.

Jesse P Hubbard

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.