



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	
Bristol Federation Of Teachers-Committee On Political Educat					
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE		
Address 985 Farmington Ave			Email		
City Bristol	State CT	Zip Code 06010	Website		
6. CHAIRPERSON NAME					
First Name JoAnn		MI	Last Name Truskowski		Suffix
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 19 Franklin Ave			Address 489 Wolcott St Unit 4		
City Plainville	State CT	Zip Code 06062	City Bristol	State CT	Zip Code 06010
9. CHAIRPERSON TELEPHONE		10. CHAIRPERSON E-MAIL ADDRESS			
<i>(Include Area Code)</i> 860 585 8750					
11. TREASURER NAME					
First Name JoAnn		MI	Last Name Truskowski		Suffix
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 19 Franklin Ave			Address 489 Wolcott St Unit 4		
City Plainville	State CT	Zip Code 06062	City Bristol	State CT	Zip Code 06010
14. TREASURER TELEPHONE		15. TREASURER E-MAIL ADDRESS			
<i>(Include Area Code)</i> 860 585 8750		joannemt@comcast.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			
<i>(Include Area Code)</i>					
21. DEPOSITORY INSTITUTION NAME					
TD Banknorth					
22. DEPOSITORY INSTITUTION ADDRESS					
Address 414 Broad Street, Bristol, Ct 06010					

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NAME OF COMMITTEE		REGISTRATION TYPE	
		<input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
Paul	Pinnette	Secretary BFT	
OFFICER RESIDENCE ADDRESS			
Address 60 Carmello Rd	City Bristol	State CT	Zip Code 06010
23A. OFFICER NAME		TITLE OR POSITION	
John	Stavens	VP BFT	
OFFICER RESIDENCE ADDRESS			
Address 100 Garfield Rd	City Bristol	State CT	Zip Code 06010
23B. OFFICER NAME		TITLE OR POSITION	
David	Hayes	President BFT	
OFFICER RESIDENCE ADDRESS			
Address 236 Ascot Ln	City Torrington	State CT	Zip Code 06790
23C. OFFICER NAME		TITLE OR POSITION	
Edwin	Garcia	Vice President BFT	
OFFICER RESIDENCE ADDRESS			
Address 30 Croydon Dr	City Bloomfield	State CT	Zip Code 06002
23D. OFFICER NAME		TITLE OR POSITION	
Ray	LaCara	Vice President BFT	
OFFICER RESIDENCE ADDRESS			
Address 83 Jerome Ave	City Bristol	State CT	Zip Code 06010
23E. OFFICER NAME		TITLE OR POSITION	
Michael	Reynolds	Vice President BFT	
OFFICER RESIDENCE ADDRESS			
Address 40 Acer Dr	City Middletown	State CT	Zip Code 06457
23F. OFFICER NAME		TITLE OR POSITION	
Kathryn	Dickman	Vice President BFT	
OFFICER RESIDENCE ADDRESS			
Address 67 Putnam St	City Bristol	State CT	Zip Code 06010
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

38. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?
 No Yes If Yes, Name of Contractor or Principal _____ 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? No Yes

B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly? No Yes

40. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?
 No Yes If Yes, Name of Principal _____ See Addendum

41. CERTIFICATION

Chairperson

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.

JoAnn Truskowski

04/24/2011

CHAIRPERSON SIGNATURE

DATE (mm/dd/yyyy)

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 Treasurer of this political committee, and that I am *either* submitting this registration statement *together with* 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.

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.

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.

JoAnn Truskowski

04/24/2011

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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.