



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 Robert		MI	Last Name Merrick		Suffix
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 118 Cortland Way			Address		
City North Granby	State CT	Zip Code 06060	City	State	Zip Code
9. CHAIRPERSON TELEPHONE		10. CHAIRPERSON E-MAIL ADDRESS			
<i>(Include Area Code)</i> 860 335 3833		rjmerrick@sbcglobal.net			
11. TREASURER NAME					
First Name Robert		MI	Last Name Merrick		Suffix
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 118 Cortland Way			Address		
City North Granby	State CT	Zip Code 06060	City	State	Zip Code
14. TREASURER TELEPHONE		15. TREASURER E-MAIL ADDRESS			
<i>(Include Area Code)</i> 860 335 3833		rjmerrick@sbcglobal.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 checked="" type="radio"/> Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
Paul Pinnette		Treasurer	
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	
Ray LaCara		Vice President BFT	
OFFICER RESIDENCE ADDRESS			
Address 83 Jerome Ave	City Bristol	State CT	Zip Code 06010
23D. OFFICER NAME		TITLE OR POSITION	
Michael Reynolds		Vice President BFT	
OFFICER RESIDENCE ADDRESS			
Address 40 Acer Dr	City Middletown	State CT	Zip Code 06457
23E. OFFICER NAME		TITLE OR POSITION	
Katherine Morales		Elementary VP	
OFFICER RESIDENCE ADDRESS			
Address 67 Putnam St	City Bristol	State CT	Zip Code 06010
23F. OFFICER NAME		TITLE OR POSITION	
Sandy Adams		VP at Large	
OFFICER RESIDENCE ADDRESS			
Address 33 Prospect St	City Burlington	State CT	Zip Code 06013
23G. OFFICER NAME		TITLE OR POSITION	
David Lattimer		Vice President BFT	
OFFICER RESIDENCE ADDRESS			
Address 5 Corona Dr	City Waterbury	State CT	Zip Code 06708

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?		
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Contractor or Principal _____		<input type="checkbox"/> 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? <input type="radio"/> No <input checked="" type="radio"/> Yes	B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly? <input type="radio"/> No <input checked="" type="radio"/> Yes	
40. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?		
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Principal _____		<input type="checkbox"/> 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.		
Robert Merrick _____ CHAIRPERSON SIGNATURE	10/27/2014 _____ DATE (mm/dd/yyyy)	
Treasurer		
<input type="radio"/> 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 <i>either</i> submitting this registration statement <i>together with</i> 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.		
<input checked="" type="radio"/> 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.		
<input type="radio"/> 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.		
Robert Merrick _____ TREASURER SIGNATURE	10/27/2014 _____ 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.