



# SEEC FORM 3

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

Received by SEEC  
10/27/2020 05:31 PM

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

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>	
Bristol Federation Of Teachers-Committee On Political Educat					
<b>3. COMMITTEE ADDRESS</b>			<b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>		
Address 985 Farmington Ave			Email		
City Bristol	State CT	Zip Code 06010	Website		
<b>6. CHAIRPERSON NAME</b>					
First Name David	MI	Last Name Luchina		Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>		
Street Address 115 Northwood Ct			Address		
City Cheshire	State CT	Zip Code 06410	City	State	Zip Code
<b>9. CHAIRPERSON TELEPHONE</b>		<b>10. CHAIRPERSON E-MAIL ADDRESS</b>			
<i>(Include Area Code)</i> 860 866 8576		davidluchina@bristolk12.org			
<b>11. TREASURER NAME</b>					
First Name David	MI	Last Name Luchina		Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (If different)</b>		
Street Address 115 Northwood Ct			Address		
City Cheshire	State CT	Zip Code 06410	City	State	Zip Code
<b>14. TREASURER TELEPHONE</b>		<b>15. TREASURER E-MAIL ADDRESS</b>			
<i>(Include Area Code)</i> 860 866 8576		davidluchina@bristolk12.org			
<b>16. DEPUTY TREASURER NAME</b>					
First Name	MI	Last Name		Suffix	
<b>17. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>18. DEPUTY TREASURER MAILING ADDRESS (If different)</b>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>19. DEPUTY TREASURER TELEPHONE</b>		<b>20. DEPUTY TREASURER E-MAIL ADDRESS</b>			
<i>(Include Area Code)</i>					
<b>21. DEPOSITORY INSTITUTION NAME</b>					
TD Bank					
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 115 N WOOD CT					

**SEEC FORM 3**

Revised September 2012

NAME OF COMMITTEE		REGISTRATION TYPE	
Bristol Federation Of Teachers-Committee On Political Educat		<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	City	State	Zip Code
60 Carmello Rd	Bristol	CT	06010
23A. OFFICER NAME		TITLE OR POSITION	
John Stavens		VP BFT	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
100 Garfield Rd	Bristol	CT	06010
23B. OFFICER NAME		TITLE OR POSITION	
Michael Reynolds		President BFT	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
10 Monarch Dr	Berlin	CT	06037
23C. OFFICER NAME		TITLE OR POSITION	
David Luchina		BFT Secretary	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
115 N Wood Ct	Cheshire	CT	06410
23D. OFFICER NAME		TITLE OR POSITION	
David Lattimer		VP BFT	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
61 Judson St	Thomaston	CT	06787
23E. OFFICER NAME		TITLE OR POSITION	
Walt Lewandoski		VP BFT	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
76 Bellevue Ave	Bristol	CT	06010
23F. OFFICER NAME		TITLE OR POSITION	
Christine Heimgartner		VP BFT	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
96 Crest St	Wethersfield	CT	06109
23G. OFFICER NAME		TITLE OR POSITION	
Kathryn Morales		VP BFT	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
246 Westwoods Ter	Bristol	CT	06010



NAME OF COMMITTEE	REGISTRATION TYPE
Bristol Federation Of Teachers-Committee On Political Educat	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes
<b>38. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?</b>	
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Contractor or Principal _____ <input type="checkbox"/> See Addendum	
<b>39. PURPOSE OF COMMITTEE AS TO STATEWIDE &amp; GENERAL ASSEMBLY CANDIDATES</b>	
<b>A. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for Statewide Office?</b> <input type="radio"/> No <input checked="" type="radio"/> Yes	<b>B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly?</b> <input type="radio"/> No <input checked="" type="radio"/> Yes
<b>40. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?</b>	
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Principal _____ <input type="checkbox"/> See Addendum	
<b>41. CERTIFICATION</b>	
<p>Chairperson</p> <p>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.</p> <p>David Luchina _____ 10/27/2020 CHAIRPERSON SIGNATURE DATE (mm/dd/yyyy)</p>	
<p>Treasurer</p> <p><input type="radio"/> <b>Initial Committee Registration:</b> 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.</p> <p><input checked="" type="radio"/> <b>Amended Committee Registration:</b> 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.</p> <p><input type="radio"/> <b>Biennial Committee Re-Registration:</b> 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.</p> <p>David Luchina _____ 10/27/2020 TREASURER SIGNATURE DATE (mm/dd/yyyy)</p>	

NAME OF COMMITTEE	REGISTRATION TYPE
Bristol Federation Of Teachers-Committee On Political Educat	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial/ 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.

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<b>NAME OF COMMITTEE</b>		<b>REGISTRATION TYPE</b>	
Bristol Federation Of Teachers-Committee On Political Educat		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
<b>23H. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Jessica Dumont		VP BFT	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 253 Central St	City Bristol	State CT	Zip Code 06010
<b>23I. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23J. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23K. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23L. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23M. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23N. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23O. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code

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NAME OF COMMITTEE	REGISTRATION TYPE
Bristol Federation Of Teachers-Committee On Political Educat	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes
<b>32. COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST</b>	
Name of Registered Lobbyist	<input type="radio"/> Client Lobbyist <input type="radio"/> Communicator Lobbyist <input type="radio"/> Both
Name of Registered Lobbyist	<input type="radio"/> Client Lobbyist <input type="radio"/> Communicator Lobbyist <input type="radio"/> Both
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Bristol Federation Of Teachers-Committee On Political Educat	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes
<b>33 COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF</b>	
Name of Member of Official	
Name of Member of Official	
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Bristol Federation Of Teachers-Committee On Political Educat	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes
<b>38. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR</b>	
Name of Principal	
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Bristol Federation Of Teachers-Committee On Political Educat	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes
<b>40. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM</b>	
Name of Principal	
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