



# 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>	
Connecticut Political Action For Candidate Elections				CT PACE	
<b>3. COMMITTEE ADDRESS</b>			<b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>		
Address 2139 SILAS DEANE HWY			Email		
City ROCKY HILL	State CT	Zip Code 06067	Website		
<b>6. CHAIRPERSON NAME</b>					
First Name Mary Jane		MI	Last Name Lundgren		Suffix
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>		
Street Address 89 CHERNISKE RD			Address		
City NEW MILFORD	State CT	Zip Code 06776	City	State	Zip Code
<b>9. CHAIRPERSON TELEPHONE</b>		<b>10. CHAIRPERSON E-MAIL ADDRESS</b>			
<i>(Include Area Code)</i> 860 354 6757					
<b>11. TREASURER NAME</b>					
First Name Roderick		MI F.	Last Name O'Connor		Suffix
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (If different)</b>		
Street Address 153 LYNES ST			Address		
City MANCHESTER	State CT	Zip Code 06040	City	State	Zip Code
<b>14. TREASURER TELEPHONE</b>		<b>15. TREASURER E-MAIL ADDRESS</b>			
<i>(Include Area Code)</i> 860 643 5478					
<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>					
Webster Bank					
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 2270 Silas Deane Highway, Rocky Hill, CT 06067					

NAME OF COMMITTEE		REGISTRATION TYPE	
		<input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
Kathryn Martin		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 107 CAMILLERI DR		City COVENTRY	State CT
			Zip Code 06238
23A. OFFICER NAME		TITLE OR POSITION	
Marcia Bok		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 193 GIRARD AVE		City HARTFORD	State CT
			Zip Code 06105
23B. OFFICER NAME		TITLE OR POSITION	
Ellen P Farr		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 37 SUNSET TER		City ESSEX	State CT
			Zip Code 06426
23C. OFFICER NAME		TITLE OR POSITION	
Michael Silver		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 262 YALE AVE		City NEW HAVEN	State CT
			Zip Code 06515
23D. OFFICER NAME		TITLE OR POSITION	
Amy Linkovich		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 125 N MAIN ST		City WEST HARTFORD	State CT
			Zip Code 06107
23E. OFFICER NAME		TITLE OR POSITION	
Shannon Lane		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 755 FARMINGTON AVE		City WEST HARTFORD	State CT
			Zip Code 06119
23F. OFFICER NAME		TITLE OR POSITION	
Steven Skrebutenas		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 3 ORCHARD DR		City PROSPECT	State CT
			Zip Code 06712
23G. OFFICER NAME		TITLE OR POSITION	
Natalie M. Matthews		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 27 CORTLAND LN		City GLASTONBURY	State CT
			Zip Code 06033

<b>NAME OF COMMITTEE</b>		<b>REGISTRATION TYPE</b>		
		<input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes		
<b>24. COMMITTEE SUBTYPE</b> <i>(Select a single committee subtype under A or B. If you check B, you must also check one of four caucus subtypes)</i>				
<b>A.</b> <input type="radio"/> Two or More Individuals <input type="radio"/> Labor Union <input type="radio"/> Two or More Committees (Event(s)) <input checked="" type="radio"/> Other Organization <input type="radio"/> Business Entity <input type="radio"/> Legislative Leadership		<b>B.</b> <input type="checkbox"/> Legislative Caucus <i>(Select subtype)</i> <input type="radio"/> Senate Democrats <input type="radio"/> House Democrats <input type="radio"/> Senate Republicans <input type="radio"/> House Republicans		
<b>25. PURPOSE OF COMMITTEE</b> <i>(Select a single committee purpose under A or B and applicable subtype)</i>				
<b>A.</b> <input checked="" type="radio"/> <b>Ongoing</b> <i>(Select subtype)</i> <input type="radio"/> State Elections Only <input type="radio"/> Municipal Elections Only <input checked="" type="radio"/> Both		<b>B.</b> <input type="radio"/> <b>Durational</b> <i>(Select subtype)</i> <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) <i>(Names of Participating Committees)</i> _____ <input type="radio"/> Political Slate Committee _____		
<b>26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY</b>		<b>27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT</b>		
<i>Brief description of subject matter of Referendum Question or Constitutional Amendment</i>		<input type="radio"/> Support <input type="radio"/> Oppose		
<b>28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY</b>		<input type="checkbox"/> <i>See Addendum</i>		
Position	Name of Candidate(s)	Office(s) Sought	Party Designation	
<input type="radio"/> Support <input type="radio"/> Oppose				
<b>29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY</b>				
Entity Name	Address	City	State	Zip Code
National Assoc. of Social Workers/CT	2139 SILAS DEANE HWY	ROCKY HILL	CT	06067
<b>30. HOW WILL FUNDS BE RECEIVED?</b>		<b>31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY</b>		
<i>Committees formed by a Labor Union or Other Organization ONLY</i>		<i>(i.e. AFL-CIO, AFSCME, CBLA, etc.)</i> <input type="radio"/> No <input checked="" type="radio"/> Yes <i>(Name &amp; Address)</i> <u>NASW</u>		
<input type="radio"/> Treasury <input checked="" type="radio"/> Voluntary Member Contributions				
<b>32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST?</b>		<input type="checkbox"/> <i>See Addendum</i>		
<input type="radio"/> No <input checked="" type="radio"/> Yes If Yes, Name of Registered Lobbyist <u>NASW</u>		<input checked="" type="radio"/> Client Lobbyist <input type="radio"/> Communicator Lobbyist <input type="radio"/> Both		
<b>33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?</b>				
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Official Member _____		<input type="checkbox"/> <i>See Addendum</i>		
<b>34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?</b>		<b>35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?</b>		
<input type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____		<input type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____		
<b>36. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?</b>				
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Agency _____				
<b>37. HAS A CONTRIBUTION OR DISBURSEMENT BEEN MADE PRIOR TO THIS REGISTRATION STATEMENT?</b>				
<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

**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.

Mary Jane Lundgren

04/16/2008

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.

Roderick F. O'Connor

04/16/2008

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.

**THIS PAGE INTENTIONALLY LEFT BLANK**

<b>NAME OF COMMITTEE</b>		<b>REGISTRATION TYPE</b>	
		<input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes	
<b>23H. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Valerie Raggio		Trustee	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 88 SIMSBURY RD		City WEST GRANBY	State CT      Zip Code 06090
<b>23I. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Anthony Bonetti		Trustee	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 152 BRANFORD ST		City MANCHESTER	State CT      Zip Code 06040
<b>23J. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Rita Brozowski		Trustee	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 103 ARTISAN ST		City BRISTOL	State CT      Zip Code 06010
<b>23K. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Marion Fontanella		Trustee	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 86 WOODMERE RD		City WEST HARTFORD	State CT      Zip Code 06119
<b>23L. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Jillian Gilchrist		Trustee	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 967 ASYLUM AVE APT 10M		City HARTFORD	State CT      Zip Code 06105
<b>23M. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Deborah Ingalls		Trustee	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 39 SUMMERSWEET DR		City GLASTONBURY	State CT      Zip Code 06033
<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

**THIS PAGE INTENTIONALLY LEFT BLANK**





**THIS PAGE INTENTIONALLY LEFT BLANK**

NAME OF COMMITTEE	REGISTRATION TYPE		
	<input type="radio"/> Original	<input 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
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
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
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
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
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
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
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
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
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
Name of Registered Lobbyist	<input type="radio"/> Client Lobbyist	<input type="radio"/> Communicator Lobbyist	<input type="radio"/> Both

**THIS PAGE INTENTIONALLY LEFT BLANK**

NAME OF COMMITTEE	REGISTRATION TYPE
	<input type="radio"/> Original <input 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	
Name of Member of Official	
Name of Member of Official	
Name of Member of Official	
Name of Member of Official	
Name of Member of Official	
Name of Member of Official	
Name of Member of Official	
Name of Member of Official	
Name of Member of Official	
Name of Member of Official	
Name of Member of Official	
Name of Member of Official	
Name of Member of Official	
Name of Member of Official	
Name of Member of Official	
Name of Member of Official	
Name of Member of Official	
Name of Member of Official	
Name of Member of Official	

**THIS PAGE INTENTIONALLY LEFT BLANK**

NAME OF COMMITTEE	REGISTRATION TYPE
	<input type="radio"/> Original <input 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	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	

**THIS PAGE INTENTIONALLY LEFT BLANK**

NAME OF COMMITTEE	REGISTRATION TYPE
	<input type="radio"/> Original <input 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	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	
Name of Principal	