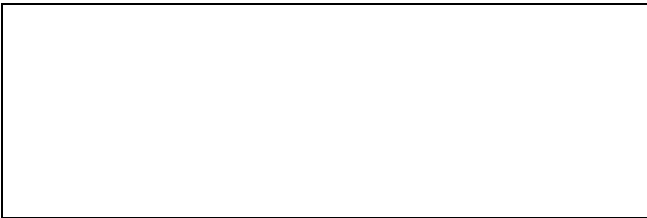




SEEC FORM 3

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



REGISTRATION TYPE

- Original
- Amendment/
Biennial with Changes

1. NAME OF COMMITTEE				2. ACRONYM	
Fairfield County Labor Council				FCLC - OPC	
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE		
Address 290 Post Rd W			Email btruini@aol.com		
City Westport	State CT	Zip Code 06880	Website		
6. CHAIRPERSON NAME					
First Name Thomas	MI A	Last Name Wilkinson		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 880 Valley Rd			Address 290 Post Rd W		
City Fairfield	State CT	Zip Code 06825	City Westport	State CT	Zip Code 06880
9. CHAIRPERSON TELEPHONE		10. CHAIRPERSON E-MAIL ADDRESS			
<i>(Include Area Code)</i> 203 226 4751		twilkinson371@aol.com			
11. TREASURER NAME					
First Name Brian	MI P	Last Name Truini		Suffix	
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 70 Inca Dr			Address 290 Post Rd W		
City Trumbull	State CT	Zip Code 06611	City Westport	State CT	Zip Code 06880
14. TREASURER TELEPHONE		15. TREASURER E-MAIL ADDRESS			
<i>(Include Area Code)</i> 203 226 4751		btruini@aol.com			
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					
First Niagra					
22. DEPOSITORY INSTITUTION ADDRESS					
Address 1071 Post Road East, Westport, CT 06880					

SEEC FORM 3

Revised September 2012

NAME OF COMMITTEE		REGISTRATION TYPE	
Fairfield County Labor Council		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
Alfred Czulada		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
101 High Meadow Rd	Southport	CT	06890
23A. OFFICER NAME		TITLE OR POSITION	
Karl Basone		Executive VP	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
848 Holland Hill Rd	Fairfield	CT	06430
23B. OFFICER NAME		TITLE OR POSITION	
Kevin Cothran		VP Stamford	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
PO Box 227	Bridgeport	CT	06601
23C. OFFICER NAME		TITLE OR POSITION	
Brian P Truini		Secretary/Treasurer	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
70 Inca Dr	Trumbull	CT	06611
23D. OFFICER NAME		TITLE OR POSITION	
Ronald M Petronella		District COPE Director	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
868 Monroe Tpke	Monroe	CT	06468
23E. OFFICER NAME		TITLE OR POSITION	
Rocco J Calo		VP Stratford	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
150 Garfield Ave	Stratford	CT	06615
23F. OFFICER NAME		TITLE OR POSITION	
Robert Whitbread		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
421 Stevenson Rd	Fairfield	CT	06432
23G. OFFICER NAME		TITLE OR POSITION	
Peter Sena		VP Retirees	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
45 Cowles St	Milford	CT	06460

NAME OF COMMITTEE		REGISTRATION TYPE	
Fairfield County Labor Council		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
24. COMMITTEE SUBTYPE <i>(Select a single committee subtype under A or B. If you check B, you must also check one of four caucus subtypes)</i>			
A. <input type="radio"/> Two or More Individuals <input checked="" type="radio"/> Labor Union <input type="radio"/> Two or More Committees (Event(s)) <input type="radio"/> Other Organization <input type="radio"/> Business Entity <input type="radio"/> Legislative Leadership		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	
25. PURPOSE OF COMMITTEE <i>(Select a single committee purpose under A or B and applicable subtype)</i>			
A. <input checked="" type="radio"/> Ongoing <i>(Select subtype)</i> <input type="radio"/> State Elections Only <input type="radio"/> Municipal Elections Only <input checked="" type="radio"/> Both		B. <input type="radio"/> Durational <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 _____	
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	
28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY <input type="checkbox"/> See Addendum			
Position <input type="radio"/> Support <input type="radio"/> Oppose	Name of Candidate(s)	Office(s) Sought	Party Designation
29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY			
Entity Name Fairfield County Labor Council	Address 290 Post Rd W	City Westport	State CT
			Zip Code 06880
30. HOW WILL FUNDS BE RECEIVED?	31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY		
<i>Committees formed by a Labor Union or Other Organization ONLY</i> <input checked="" type="radio"/> Treasury <input type="radio"/> Voluntary Member Contributions	<i>(i.e. AFL-CIO, AFSCME, CBLA, etc.)</i> <input type="radio"/> No <input checked="" type="radio"/> Yes <i>(Name & Address)</i> <u>AFL-CIO</u> <u>815 16th St NW, Washington, DC, 20006</u>		
32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST? <input type="checkbox"/> 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	
33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF? <input type="checkbox"/> See Addendum			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Official Member _____			
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 _____		
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 _____			
37. HAS A CONTRIBUTION OR DISBURSEMENT BEEN MADE PRIOR TO THIS REGISTRATION STATEMENT?			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, see instructions for additional filing requirements.			

NAME OF COMMITTEE	REGISTRATION TYPE
Fairfield County Labor Council	<input type="radio"/> Original <input checked="" 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	
<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>Thomas A Wilkinson _____ 02/03/2016 CHAIRPERSON SIGNATURE DATE (mm/dd/yyyy)</p>	
<p>Treasurer</p> <p><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.</p> <p><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.</p> <p><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.</p> <p>Brian P Truini _____ 02/03/2016 TREASURER SIGNATURE DATE (mm/dd/yyyy)</p>	

NAME OF COMMITTEE	REGISTRATION TYPE
Fairfield County Labor Council	<input type="radio"/> Original <input checked="" 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.

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SEEC FORM 3A
Revised September 2012

ADDITIONAL SECTION 23
SEEC FORM 3

NAME OF COMMITTEE		REGISTRATION TYPE	
Fairfield County Labor Council		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23H. OFFICER NAME		TITLE OR POSITION	
Thomas A Wilkinson		President	
OFFICER RESIDENCE ADDRESS			
Address 880 Valley Rd		City Fairfield	State CT
		Zip Code 06825	
23I. OFFICER NAME		TITLE OR POSITION	
Dave Bosco		VP Bridgeport	
OFFICER RESIDENCE ADDRESS			
Address 907 Wethersfield Ave		City Hartford	State CT
		Zip Code 06114	
23J. OFFICER NAME		TITLE OR POSITION	
John Altieri		VP Norwalk	
OFFICER RESIDENCE ADDRESS			
Address 15 Steppingstone Pl		City Norwalk	State CT
		Zip Code 06850	
23K. OFFICER NAME		TITLE OR POSITION	
Christopher St. George		VP Building Trades	
OFFICER RESIDENCE ADDRESS			
Address 273 Soundview Ave		City Shelton	State CT
		Zip Code 06484	
23L. OFFICER NAME		TITLE OR POSITION	
Joe Ambrosini		Bridgeport COPE Director	
OFFICER RESIDENCE ADDRESS			
Address 269 Federal St		City Bridgeport	State CT
		Zip Code 06606	
23M. OFFICER NAME		TITLE OR POSITION	
Paul Wallace		VP Public Employees	
OFFICER RESIDENCE ADDRESS			
Address 197 Burwell St Fl 2		City New Haven	State CT
		Zip Code 06513	
23N. OFFICER NAME		TITLE OR POSITION	
Dennis Novak		VP Industrial Employees	
OFFICER RESIDENCE ADDRESS			
Address 2505 Main St Ste 233		City Stratford	State CT
		Zip Code 06615	
23O. OFFICER NAME		TITLE OR POSITION	
Patrena Smith		Recording Secretary	
OFFICER RESIDENCE ADDRESS			
Address 33 Atwood Ln		City East Hartford	State CT
		Zip Code 06108	

NAME OF COMMITTEE		REGISTRATION TYPE	
Fairfield County Labor Council		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23H. OFFICER NAME		TITLE OR POSITION	
Joseph Giandurco		Community Relations	
OFFICER RESIDENCE ADDRESS			
Address 163 Chestnut Hill Rd		City Norwalk	State CT
		Zip Code 06851	
23I. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State
		Zip Code	
23J. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State
		Zip Code	
23K. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State
		Zip Code	
23L. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State
		Zip Code	
23M. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State
		Zip Code	
23N. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State
		Zip Code	
23O. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State
		Zip Code	

NAME OF COMMITTEE		REGISTRATION TYPE	
Fairfield County Labor Council		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23H. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23I. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23J. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23K. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23L. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23M. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23N. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23O. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code

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Fairfield County Labor Council		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23H. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
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Address	City	State	Zip Code
23J. OFFICER NAME		TITLE OR POSITION	
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Address	City	State	Zip Code
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OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23M. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23N. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23O. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code

NAME OF COMMITTEE		REGISTRATION TYPE	
Fairfield County Labor Council		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23H. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
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OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23J. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
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OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23L. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23M. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23N. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23O. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code

NAME OF COMMITTEE		REGISTRATION TYPE	
Fairfield County Labor Council		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23H. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23I. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23J. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23K. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23L. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23M. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23N. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23O. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code

NAME OF COMMITTEE		REGISTRATION TYPE	
Fairfield County Labor Council		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23H. OFFICER NAME		TITLE OR POSITION	
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OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23J. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23K. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23L. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23M. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23N. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23O. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code

NAME OF COMMITTEE		REGISTRATION TYPE	
Fairfield County Labor Council		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23H. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23I. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
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OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
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OFFICER RESIDENCE ADDRESS			
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23L. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23M. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23N. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23O. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code

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NAME OF COMMITTEE	REGISTRATION TYPE
Fairfield County Labor Council	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes
32. COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST	
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
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Name of Registered Lobbyist	<input type="radio"/> Client Lobbyist <input type="radio"/> Communicator Lobbyist <input type="radio"/> Both

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NAME OF COMMITTEE	REGISTRATION TYPE
Fairfield County Labor Council	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes
33 COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF	
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	
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NAME OF COMMITTEE	REGISTRATION TYPE
Fairfield County Labor Council	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes
38. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR	
Name of Principal	
Name of Principal	
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NAME OF COMMITTEE	REGISTRATION TYPE
Fairfield County Labor Council	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes
40. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM	
Name of Principal	
Name of Principal	
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