



SEEC FORM 3

Political Committee (PAC) Registration
STATE ELECTIONS ENFORCEMENT COMMISSION
Revised 2024

Received by SEEC

11/11/2024 03:36 PM

REGISTRATION TYPE

- Original
- Amendment/
Biennial with Changes

1. NAME OF COMMITTEE				2. ACRONYM			
Aquarion Company PAC							
3. COMMITTEE ADDRESS				4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE			
Address 835 Main St				Email jhyde@aquarionwater.com			
City Bridgeport		State CT	Zip Code 06604	Website			
6. CHAIRPERSON NAME							
First Name Donald		MI J	Last Name Smiarowski			Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS				8. CHAIRPERSON MAILING ADDRESS (If different)			
Street Address 105 Flat Rock Rd				Address 600 Lindley St			
City Branford		State CT	Zip Code 06405	City Bridgeport		State CT	Zip Code 06606
9. CHAIRPERSON TELEPHONE				10. CHAIRPERSON E-MAIL ADDRESS			
(Include Area Code) 203 362 3002							
11. TREASURER NAME							
First Name Joy		MI	Last Name Hyde			Suffix	
12. TREASURER RESIDENCE ADDRESS				13. TREASURER MAILING ADDRESS (If different)			
Street Address 835 Main St				Address 835 Main St			
City Bridgeport		State CT	Zip Code 06604	City Bridgeport		State CT	Zip Code 06604
14. TREASURER TELEPHONE				15. TREASURER E-MAIL ADDRESS			
(Include Area Code) 203 336 7635				jhyde@aquarionwater.com			
16. DEPUTY TREASURER NAME							
First Name Lucy		MI	Last Name Teixeira			Suffix	
17. DEPUTY TREASURER RESIDENCE ADDRESS				18. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address 37 Revere Ln				Address 600 Lindley St			
City Trumbull		State CT	Zip Code 06611	City Bridgeport		State CT	Zip Code 06606
19. DEPUTY TREASURER TELEPHONE				20. DEPUTY TREASURER E-MAIL ADDRESS			
(Include Area Code) 203 337 5986							
21. DEPOSITORY INSTITUTION NAME							
Bank of America							
22. DEPOSITORY INSTITUTION ADDRESS							
Address 10 Middle Street, Bridgeport, CT				City		State	Zip Code

Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

NAME OF COMMITTEE		REGISTRATION TYPE	
Aquarion Company PAC		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23A. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23B. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23C. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23D. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23E. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23F. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23G. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code

NAME OF COMMITTEE	REGISTRATION TYPE
Aquarion Company PAC	<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.

Lucy Teixeira

DEPUTY TREASURER SIGNATURE

02/12/2008

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.