



SEEC FORM 3

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

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

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|------------------------------------------------------|-------------|--------------------------------------------|------------------------------------------------------------|-------------------|----------|
| 1. NAME OF COMMITTEE | | | | 2. ACRONYM | |
| A&R COPE PAC | | | | | |
| 3. COMMITTEE ADDRESS | | | 4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE | | |
| Address 805 Brook St | | | Email | | |
| City Rocky Hill | State CT | Zip Code 06067 | Website | | |
| 6. CHAIRPERSON NAME | | | | | |
| First Name Elizabeth | MI | Last Name Daly | | Suffix | |
| 7. CHAIRPERSON RESIDENCE ADDRESS | | | 8. CHAIRPERSON MAILING ADDRESS (If different) | | |
| Street Address 110 Jonathan Dr | | | Address | | |
| City Vernon | State CT | Zip Code 06066 | City | State | Zip Code |
| 9. CHAIRPERSON TELEPHONE | | 10. CHAIRPERSON E-MAIL ADDRESS | | | |
| <i>(Include Area Code)</i> 860 953 1316 | | | | | |
| 11. TREASURER NAME | | | | | |
| First Name Michael | MI R | Last Name Carragher | | Suffix | |
| 12. TREASURER RESIDENCE ADDRESS | | | 13. TREASURER MAILING ADDRESS (If different) | | |
| Street Address 38 Coolidge Ave | | | Address | | |
| City Newington | State CT | Zip Code 06111-2301 | City | State | Zip Code |
| 14. TREASURER TELEPHONE | | 15. TREASURER E-MAIL ADDRESS | | | |
| <i>(Include Area Code)</i> 860 597 6526 | | mcarragher23@gmail.com | | | |
| 16. DEPUTY TREASURER NAME | | | | | |
| First Name Mary | MI | Last Name Norris | | Suffix | |
| 17. DEPUTY TREASURER RESIDENCE ADDRESS | | | 18. DEPUTY TREASURER MAILING ADDRESS (If different) | | |
| Street Address 33 Webster Ct | | | Address | | |
| City Newington | State CT | Zip Code 06111 | City | State | Zip Code |
| 19. DEPUTY TREASURER TELEPHONE | | 20. DEPUTY TREASURER E-MAIL ADDRESS | | | |
| <i>(Include Area Code)</i> | | | | | |
| 21. DEPOSITORY INSTITUTION NAME | | | | | |
| Citizens Bank | | | | | |
| 22. DEPOSITORY INSTITUTION ADDRESS | | | | | |
| Address 825 Cromwell Avenue, Rocky Hill, CT 06067 | | | | | |

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Revised September 2012

| NAME OF COMMITTEE | | REGISTRATION TYPE | |
|----------------------------|--|---------------------------------------------------------------------------------------|---------------------------------------|
| | | <input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes | |
| 23. OFFICER NAME | | TITLE OR POSITION | |
| David J McCoy | | Committee Member | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address 31 Newmarker Rd | | City South Windsor | State CT Zip Code 06074 |
| 23A. OFFICER NAME | | TITLE OR POSITION | |
| Bernard Vignali | | Committee Member | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address 405 Neill Dr | | City Watertown | State CT Zip Code 06795-17 |
| 23B. OFFICER NAME | | TITLE OR POSITION | |
| Laila A Mandour | | Committee Member | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address 420 Ridge Rd | | City Wethersfield | State CT Zip Code 06109 |
| 23C. OFFICER NAME | | TITLE OR POSITION | |
| Joseph J Mudry | | Committee Member | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address 25 Rogers Rd | | City Bristol | State CT Zip Code 06010 |
| 23D. OFFICER NAME | | TITLE OR POSITION | |
| Mary Norris | | Committee Member | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address 33 Webster Ct | | City Newington | State CT Zip Code 06111 |
| 23E. OFFICER NAME | | TITLE OR POSITION | |
| Karen A. Romero | | Committee Member | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address 215 Woodbine Rd | | City Colchester | State CT Zip Code 06415 |
| 23F. OFFICER NAME | | TITLE OR POSITION | |
| Michael A Winkler | | Committee Member | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address 20 Gottier Dr | | City Vernon | State CT Zip Code 06066 |
| 23G. OFFICER NAME | | TITLE OR POSITION | |
| Patrick Fairbanks | | Secretary | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address 1 Jamie Ln | | City Manchester | State CT Zip Code 06042 |

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| NAME OF COMMITTEE | | REGISTRATION TYPE | | |
| | | <input type="radio"/> Original <input 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 | | |
| <i>Brief description of subject matter of Referendum Question or Constitutional Amendment</i> | | <input type="radio"/> Support <input type="radio"/> Oppose | | |
| 28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY | | <input type="checkbox"/> See Addendum | | |
| Position | Name of Candidate(s) | Office(s) Sought | Party Designation | |
| <input type="radio"/> Support <input type="radio"/> Oppose | | | | |
| 29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY | | | | |
| Entity Name | Address | City | State | Zip Code |
| Administrative & Residual Employees Union | 805 Brook St | Rocky Hill | CT | 06067 |
| 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> | | <i>(i.e. AFL-CIO, AFSCME, CBLA, etc.)</i> <input type="radio"/> No <input checked="" type="radio"/> Yes <i>(Name & Address)</i> <u>AFT CT</u> | | |
| <input checked="" type="radio"/> Treasury <input type="radio"/> Voluntary Member Contributions | | <u>35 Marshall Rd, Rocky Hill, CT, 06067</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 checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Official Member _____ | | <input type="checkbox"/> See Addendum | | |
| 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 type="radio"/> No <input type="radio"/> Yes If Yes, see instructions for additional filing requirements. | | | | |

| NAME OF COMMITTEE | REGISTRATION TYPE |
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| | <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 | |
| <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 style="text-align: center;"> Elizabeth Daly 10/17/2012 </p> <p style="text-align: center;"> _____ _____ </p> <p style="text-align: center;"> 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 style="text-align: center;"> Michael R Carragher 10/17/2012 </p> <p style="text-align: center;"> _____ _____ </p> <p style="text-align: center;"> TREASURER SIGNATURE DATE (mm/dd/yyyy) </p> | |

| 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.

Mary Norris

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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| NAME OF COMMITTEE | | REGISTRATION TYPE | |
| | | <input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes | |
| 23H. OFFICER NAME | | TITLE OR POSITION | |
| Cynthia Torres | | Committee Member | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address 1333 Avon Blvd | | City Cheshire | State CT Zip Code 06410 |
| 23I. OFFICER NAME | | TITLE OR POSITION | |
| Terry Zeitler | | Committee Member | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address 72 Farmsworth Dr | | City New Hartford | State CT Zip Code 06057 |
| 23J. OFFICER NAME | | TITLE OR POSITION | |
| Karen Pendergast | | Co-Chairperson | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address 128 Nook Hill Rd | | City Cromwell | State CT Zip Code 06416 |
| 23K. OFFICER NAME | | TITLE OR POSITION | |
| Harold N Bellucci | | Committee Member | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address 57 Hang Dog Ln | | City Wethersfield | State CT Zip Code 06109 |
| 23L. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | | City | State Zip Code |
| 23M. OFFICER NAME | | TITLE OR POSITION | |
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| OFFICER RESIDENCE ADDRESS | | | |
| Address | | City | State Zip Code |
| 23N. OFFICER NAME | | TITLE OR POSITION | |
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| 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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| | <input type="radio"/> Original | <input 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 |
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| NAME OF COMMITTEE | REGISTRATION TYPE |
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| | <input type="radio"/> Original <input 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 | |
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| | <input type="radio"/> Original <input 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 | |
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|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| | <input type="radio"/> Original <input 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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