



# 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

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

# SEEC FORM 3

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	
Mary Norris		Committee Member	
OFFICER RESIDENCE ADDRESS			
Address 33 Webster Ct		City Newington	State CT    Zip Code 06111
23D. OFFICER NAME		TITLE OR POSITION	
Karen A. Romero		Committee Member	
OFFICER RESIDENCE ADDRESS			
Address 215 Woodbine Rd		City Colchester	State CT    Zip Code 06415
23E. OFFICER NAME		TITLE OR POSITION	
Patrick Fairbanks		Secretary	
OFFICER RESIDENCE ADDRESS			
Address 1 Jamie Ln		City Manchester	State CT    Zip Code 06042
23F. OFFICER NAME		TITLE OR POSITION	
Cynthia Torres		Committee Member	
OFFICER RESIDENCE ADDRESS			
Address 1333 Avon Blvd		City Cheshire	State CT    Zip Code 06410
23G. OFFICER NAME		TITLE OR POSITION	
Terry Zeitler		Committee Member	
OFFICER RESIDENCE ADDRESS			
Address 72 Farmsworth Dr		City New Hartford	State CT    Zip Code 06057

<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 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>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
Administrative & Residual Employees Union	805 Brook St	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>AFT CT</u>		
<input checked="" type="radio"/> Treasury <input type="radio"/> Voluntary Member Contributions		<u>35 Marshall Rd, Rocky Hill, CT, 06067</u>		
<b>32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST?</b>		<input type="checkbox"/> <i>See Addendum</i>		
<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		
<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.

Elizabeth Daly

04/22/2013

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.

Michael R Carragher

04/23/2013

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.

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**SEEC FORM 3A**  
Revised September 2012

**ADDITIONAL SECTION 23**  
**SEEC FORM 3**

<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>	
Karen Pendergast		Co-Chairperson	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 128 Nook Hill Rd	City Cromwell	State CT	Zip Code 06416
<b>23I. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Joseph Pietca		Committee Member	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 49 Davidson Rd	City Colchester	State CT	Zip Code 06415
<b>23J. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Adam Josh Lelyveld		Committee Member	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 100 Trumbull St Apt 205	City Hartford	State CT	Zip Code 06103
<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		
	<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
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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	
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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	
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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	
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