



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	
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 Laila	MI A	Last Name Mandour	Suffix		
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 420 Ridge Rd			Address		
City Wethersfield	State CT	Zip Code 06109	City	State	Zip Code
9. CHAIRPERSON TELEPHONE			10. CHAIRPERSON E-MAIL ADDRESS		
<i>(Include Area Code)</i> 860 916 6759			kammdour@cox.net		
11. TREASURER NAME					
First Name Al	MI	Last Name Sylvestre	Suffix		
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 217 Warrenton Ave			Address		
City West Hartford	State CT	Zip Code 06119-1844	City	State	Zip Code
14. TREASURER TELEPHONE			15. TREASURER E-MAIL ADDRESS		
<i>(Include Area Code)</i> 860 978 9150			al.geographe@gmail.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					
Citizens Bank					
22. DEPOSITORY INSTITUTION ADDRESS					
Address 825A Cromwell Avenue, Rocky Hill, CT 06067					

NAME OF COMMITTEE		REGISTRATION TYPE	
		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
Patrick	Fairbanks	Secretary	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
1A Jamie Ln	Manchester	CT	06042-820
23A. OFFICER NAME		TITLE OR POSITION	
John	DiSette	Committee Member	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
29 Deerfield Dr	Glastonbury	CT	06033
23B. OFFICER NAME		TITLE OR POSITION	
Nathan	Karnes	Committee Member	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
4 Juniper Rd	Windsor	CT	06095
23C. OFFICER NAME		TITLE OR POSITION	
Janis	Bureau	Committee Member	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
2 Old Burbank Rd	Tolland	CT	06084
23D. OFFICER NAME		TITLE OR POSITION	
Alice	Sexton	Committee Member	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
45 Hardin Ln	Glastonbury	CT	06033
23E. OFFICER NAME		TITLE OR POSITION	
Janet	Andrews	Committee Member	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
211 Sargeant St	Hartford	CT	06143
23F. OFFICER NAME		TITLE OR POSITION	
Karen	Romero	Committee Member	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
215 Woodbine Rd	Colchester	CT	06415
23G. OFFICER NAME		TITLE OR POSITION	
David	McCoy	Committee Member	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
31 Newmarker Rd	South Windsor	CT	06074

NAME OF COMMITTEE	REGISTRATION TYPE
	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes

24. COMMITTEE SUBTYPE (Select a single committee subtype under A or B. If you check B, you must also check one of four caucus subtypes)

<p>A. <input type="radio"/> Two or More Individuals <input checked="" type="radio"/> Labor Union</p> <p> <input type="radio"/> Two or More Committees (Event(s)) <input type="radio"/> Other Organization</p> <p> <input type="radio"/> Business Entity <input type="radio"/> Legislative Leadership</p>	<p>B. <input type="checkbox"/> Legislative Caucus (Select subtype)</p> <p> <input type="radio"/> Senate Democrats <input type="radio"/> House Democrats</p> <p> <input type="radio"/> Senate Republicans <input type="radio"/> House Republicans</p>
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25. PURPOSE OF COMMITTEE (Select a single committee purpose under A or B and applicable subtype)

<p>A. <input checked="" type="radio"/> Ongoing (Select subtype)</p> <p> <input type="radio"/> State Elections Only</p> <p> <input type="radio"/> Municipal Elections Only</p> <p> <input checked="" type="radio"/> Both</p>	<p>B. <input type="radio"/> Durational (Select subtype)</p> <p> <input type="radio"/> Single Election Date _____ <input type="radio"/> Single Referendum Date _____</p> <p> <input type="radio"/> Single Primary Date _____ <input type="radio"/> Constitutional Amendment Date _____</p> <p> <input type="radio"/> Single Candidate <input type="radio"/> Event(s) (Names of Participating Committees) _____</p> <p> <input type="radio"/> Political Slate Committee _____</p>
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26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY

27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT

<p><i>Brief description of subject matter of Referendum Question or Constitutional Amendment</i></p>	<input type="radio"/> Support <input type="radio"/> Oppose
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28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY

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

<p><i>Committees formed by a Labor Union or Other Organization ONLY</i></p> <input checked="" type="radio"/> Treasury <input type="radio"/> Voluntary Member Contributions	<p><i>(i.e. AFL-CIO, AFSCME, CBLA, etc.)</i> <input type="radio"/> No <input checked="" type="radio"/> Yes (Name & Address) <u>Connecticut AFT</u></p> <p><u>35 Marshall Rd, Rocky Hill, CT, 06067</u></p>
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32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST?

See Addendum

No Yes If Yes, Name of Registered Lobbyist _____

Client Lobbyist
 Communicator Lobbyist
 Both

33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?

No Yes If Yes, Name of Official Member _____

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 _____
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36. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?

No Yes If Yes, Name of Agency _____

37. HAS A CONTRIBUTION OR DISBURSEMENT BEEN MADE PRIOR TO THIS REGISTRATION STATEMENT?

No 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.

Laila A Mandour

07/08/2015

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.

Al Sylvestre

02/16/2015

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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NAME OF COMMITTEE	REGISTRATION TYPE		
	<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
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
33 COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF	
Name of Member of Official	
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38. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR	
Name of Principal	
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NAME OF COMMITTEE	REGISTRATION TYPE
	<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	
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