



SEEC FORM 3

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

Received by SEEC
11/16/2020 06:01 PM

REGISTRATION TYPE
<input type="radio"/> Original
<input checked="" type="radio"/> 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 nathanarunion@gmail.com		
City Rocky Hill	State CT	Zip Code 06067	Website		
6. CHAIRPERSON NAME					
First Name Nathan	MI B	Last Name Karnes		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 4 Juniper Rd			Address		
City Windsor	State CT	Zip Code 06095	City	State	Zip Code
9. CHAIRPERSON TELEPHONE			10. CHAIRPERSON E-MAIL ADDRESS		
(Include Area Code) 203 710 0377			nathanarunion@gmail.com		
11. TREASURER NAME					
First Name Alice	MI	Last Name Sexton		Suffix	
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 45 Hardin Ln			Address		
City Glastonbury	State CT	Zip Code 06033	City	State	Zip Code
14. TREASURER TELEPHONE			15. TREASURER E-MAIL ADDRESS		
(Include Area Code) 860 306 8238			allysexton@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		
(Include Area Code)					
21. DEPOSITORY INSTITUTION NAME					
Citizens Bank					
22. DEPOSITORY INSTITUTION ADDRESS					
Address 825A Cromwell Avenue, Rocky Hill, CT 06067					

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NAME OF COMMITTEE		REGISTRATION TYPE	
A&R COPE PAC		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
John DiSette		Committee Member	
OFFICER RESIDENCE ADDRESS			
Address 29 Deerfield Dr		City Glastonbury	State CT
			Zip Code 06033
23A. OFFICER NAME		TITLE OR POSITION	
Karen Pendergast		Committee Member	
OFFICER RESIDENCE ADDRESS			
Address 128 Nook Hill Rd		City Cromwell	State CT
			Zip Code 06410
23B. OFFICER NAME		TITLE OR POSITION	
Michael Myles		Committee Member	
OFFICER RESIDENCE ADDRESS			
Address 47 Lee Ln		City Tolland	State CT
			Zip Code 06084
23C. OFFICER NAME		TITLE OR POSITION	
Michele McGinley		Committee Member	
OFFICER RESIDENCE ADDRESS			
Address 2 Danbury Ln		City Bristol	State CT
			Zip Code 06010
23D. OFFICER NAME		TITLE OR POSITION	
Laila Mandour		Committee Member	
OFFICER RESIDENCE ADDRESS			
Address 420 Ridge Rd		City Wethersfield	State CT
			Zip Code 06109
23E. OFFICER NAME		TITLE OR POSITION	
Christopher Avallone		Committee Member	
OFFICER RESIDENCE ADDRESS			
Address 610 Townsend Ave		City New Haven	State CT
			Zip Code 06512
23F. OFFICER NAME		TITLE OR POSITION	
Mary Norris		Committee Member	
OFFICER RESIDENCE ADDRESS			
Address 33 Webster Ct		City Newington	State CT
			Zip Code 06111
23G. OFFICER NAME		TITLE OR POSITION	
Tommy Smalls		Committee Member	
OFFICER RESIDENCE ADDRESS			
Address 270 White St		City Hartford	State CT
			Zip Code 06106

NAME OF COMMITTEE	REGISTRATION TYPE
A&R COPE PAC	<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>	<p><input type="radio"/> Support <input type="radio"/> Oppose</p>
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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> <p><input checked="" type="radio"/> Treasury <input type="radio"/> Voluntary Member Contributions</p>	<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?

No Yes If Yes, District Number _____

No Yes If Yes, District Number _____

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
A&R COPE PAC	<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 style="text-align: center;"> Nathan B Karnes 11/16/2020 </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;"> Alice Sexton 11/16/2020 </p> <p style="text-align: center;"> _____ _____ </p> <p style="text-align: center;"> TREASURER SIGNATURE DATE (mm/dd/yyyy) </p>	

NAME OF COMMITTEE	REGISTRATION TYPE
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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	
A&R COPE PAC		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23H. OFFICER NAME		TITLE OR POSITION	
Lewis A. Button		Committee Member	
OFFICER RESIDENCE ADDRESS			
Address 1938 Glasgo Rd		City Griswold	State CT
			Zip Code 06351
23I. OFFICER NAME		TITLE OR POSITION	
Cindi Lloyd Gray		Committee Member	
OFFICER RESIDENCE ADDRESS			
Address 44 Burnwood Dr		City Bloomfield	State CT
			Zip Code 06002
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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A&R COPE PAC	<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
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A&R COPE PAC	<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	
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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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40. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM	
Name of Principal	
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