



SEEC FORM 3

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

Page 1 of 5

Received by SEEC

11/15/2024 10:00 PM

REGISTRATION TYPE

- ☐ Original
☒ Amendment/
Biennial with Changes

1. NAME OF COMMITTEE				2. ACRONYM	
Old Saybrook Republican Women's Club				OSRWC	
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE		
Address 519 Main St			Email		
City Old Saybrook	State CT	Zip Code 06475	Website		
6. CHAIRPERSON NAME					
First Name Geraldine		MI	Last Name Lewis		Suffix
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 392 Main St			Address 519 Main St		
City Old Saybrook	State CT	Zip Code 06475	City Old Saybrook	State CT	Zip Code 06475
9. CHAIRPERSON TELEPHONE		10. CHAIRPERSON E-MAIL ADDRESS			
(Include Area Code) 860 304 2947		Gerri_Lewis@yahoo.com			
11. TREASURER NAME					
First Name Sharon		MI	Last Name Tiezzi		Suffix
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 29 Maynard Rd			Address		
City Old Saybrook	State CT	Zip Code 06475	City	State	Zip Code
14. TREASURER TELEPHONE		15. TREASURER E-MAIL ADDRESS			
(Include Area Code) 860 395 8876		stiezzicasa@yahoo.com			
16. DEPUTY TREASURER NAME					
First Name Kerry		MI E	Last Name Knobelsdorff		Suffix
17. DEPUTY TREASURER RESIDENCE ADDRESS			18. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address PO Box 809			Address		
City Old Saybrook	State CT	Zip Code 06475	City	State	Zip Code
19. DEPUTY TREASURER TELEPHONE		20. DEPUTY TREASURER E-MAIL ADDRESS			
(Include Area Code) 860 388 9754		kerryklegal@snet.net			
21. DEPOSITORY INSTITUTION NAME					
Liberty Bank					
22. DEPOSITORY INSTITUTION ADDRESS					
Address 90 Main Street, Old Saybrook, CT 06475			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	
Old Saybrook Republican Women's Club		☐ Original ☒ Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
Geraldine Lewis		President	
OFFICER RESIDENCE ADDRESS			
Address 392 Main St		City Old Saybrook	State CT Zip Code 06475
23A. OFFICER NAME		TITLE OR POSITION	
Sharon Migliaccio		Secretary	
OFFICER RESIDENCE ADDRESS			
Address 4 Dogwood Ln		City Old Saybrook	State CT Zip Code 06475
23B. OFFICER NAME		TITLE OR POSITION	
Sharon Tiezzi		Treasurer & past President	
OFFICER RESIDENCE ADDRESS			
Address 29 Maynard Rd		City Old Saybrook	State CT Zip Code 06475
23C. OFFICER NAME		TITLE OR POSITION	
Kerry E Knobelsdorff		Deputy Treasurer	
OFFICER RESIDENCE ADDRESS			
Address PO Box 809		City Old Saybrook	State CT Zip Code 06475
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

SEEC FORM 3

Revised 2024

Page 3 of 5

NAME OF COMMITTEE		REGISTRATION TYPE	
Old Saybrook Republican Women's Club		☐ Original ☒ 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. ☒ Two or More Individuals ☐ Labor Union ☐ Two or More Committees (Event(s)) ☐ Other Organization ☐ Business Entity ☐ Legislative Leadership		B. ☐ Legislative Caucus <i>(Select subtype)</i> ☐ Senate Democrats ☐ House Democrats ☐ Senate Republicans ☐ House Republicans	
25. PURPOSE OF COMMITTEE <i>(Select a single committee purpose under A or B and applicable subtype)</i>			
A. ☒ Ongoing <i>(Select subtype)</i> ☐ State Elections Only ☐ Municipal Elections Only ☒ Both		B. ☐ Durational <i>(Select subtype)</i> ☐ Single Election Date _____ ☐ Single Referendum Date _____ ☐ Single Primary Date _____ ☐ Constitutional Amendment Date _____ ☐ Single Candidate ☐ Event(s) <i>(Names of Participating Committees)</i> _____ ☐ Political Slate Committee _____	
26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY		27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT	
Brief description of subject matter of Referendum Question or Constitutional Amendment		☐ Support ☐ Oppose	
28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY ☐ See Addendum			
Position ☐ Support ☐ Oppose	Name of Candidate(s)	Office(s) Sought	Party Designation
29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY			
Entity Name	Address	City	State Zip Code
29a. IF THE COMMITTEE IS ESTABLISHED BY A PERSON OTHER THAN A HUMAN BEING, IS THAT PERSON MAKING THE EXPENDITURE A FOREIGN NATIONAL?			
☒ No ☐ Yes			
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> ☐ Treasury ☐ Voluntary Member Contributions		<i>(i.e. AFL-CIO, AFSCME, CBIA, etc.)</i> ☐ No ☐ Yes <i>(Name & Address)</i> _____	
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 _____	

NAME OF COMMITTEE	REGISTRATION TYPE
Old Saybrook Republican Women's Club	☐ Original ☒ Amendment/ Biennial with Changes
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.	
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. <u>Geraldine Lewis</u> CHAIRPERSON SIGNATURE <u>06/14/2017</u> 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 <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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national. ☐ 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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national. ☒ 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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national. <u>Sharon Tiezzi</u> TREASURER SIGNATURE <u>11/15/2024</u> DATE (mm/dd/yyyy)	

NAME OF COMMITTEE	REGISTRATION TYPE
Old Saybrook Republican Women's Club	☐ Original ☒ 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.

Kerry E Knobelsdorff

DEPUTY TREASURER SIGNATURE

06/15/2017

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.