



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

1. NAME OF COMMITTEE				2. ACRONYM	
Waterford Republican Women					
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE		
Address 101 NIAN TIC RIVER RD			Email		
City WATERFORD	State CT	Zip Code 06385	Website		
6. CHAIRPERSON NAME					
First Name April	MI	Last Name Cairns		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 30 OLD COLCHESTER RD			Address		
City QUAKER HILL	State CT	Zip Code 06375	City	State	Zip Code
9. CHAIRPERSON TELEPHONE		10. CHAIRPERSON E-MAIL ADDRESS			
<i>(Include Area Code)</i> 860 439 0858					
11. TREASURER NAME					
First Name Rita	MI R.	Last Name Bulford		Suffix	
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 101 NIAN TIC RIVER RD			Address		
City WATERFORD	State CT	Zip Code 06385	City	State	Zip Code
14. TREASURER TELEPHONE		15. TREASURER E-MAIL ADDRESS			
<i>(Include Area Code)</i> 860 442 7797					
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 117 Boston Post Road, Waterford, CT 06385					

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NAME OF COMMITTEE		REGISTRATION TYPE	
		<input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
Muriel Cairns		Secretary	
OFFICER RESIDENCE ADDRESS			
Address 302 BOSTON POST RD APT 13-C		City WATERFORD	State CT
			Zip Code 06385
23A. OFFICER NAME		TITLE OR POSITION	
Sarah King		2nd Vice Pres.	
OFFICER RESIDENCE ADDRESS			
Address 27 PALMER RD		City WATERFORD	State CT
			Zip Code
23B. OFFICER NAME		TITLE OR POSITION	
Betty Bresser		1st Vice Pres.	
OFFICER RESIDENCE ADDRESS			
Address 60 CROSS RD		City WATERFORD	State CT
			Zip Code 06385
23C. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	State
			Zip Code
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

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 checked="" type="radio"/> Two or More Individuals <input 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	
Brief description of subject matter of Referendum Question or Constitutional Amendment		<input type="radio"/> Support <input type="radio"/> Oppose	
28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY <input type="checkbox"/> See Addendum			
Position <input type="radio"/> Support <input type="radio"/> 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
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> <input type="radio"/> Treasury <input type="radio"/> Voluntary Member Contributions		<i>(i.e. AFL-CIO, AFSCME, CBLA, etc.)</i> <input type="radio"/> No <input type="radio"/> Yes <i>(Name & Address)</i> _____	
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 checked="" type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____		<input checked="" 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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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.