



# SEEC FORM 3

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

### REGISTRATION TYPE

- Original
- Amendment/  
Biennial with Changes

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>	
Realtors PAC				RPAC	
<b>3. COMMITTEE ADDRESS</b>			<b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>		
Address 111 FOUNDERS PLZ STE 1101			Email rpac@ctrealtor.com		
City EAST HARTFORD	State CT	Zip Code 06108	Website		
<b>6. CHAIRPERSON NAME</b>					
First Name Art		MI	Last Name Duel		Suffix
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>		
Street Address 136 PALMER BRG			Address 111 FOUNDERS PLZ STE 1101		
City FAIRFIELD	State CT	Zip Code 06824	City EAST HARTFORD	State CT	Zip Code 06108
<b>9. CHAIRPERSON TELEPHONE</b>			<b>10. CHAIRPERSON E-MAIL ADDRESS</b>		
(Include Area Code) 203 966 7772			artduel@realty-guild.com		
<b>11. TREASURER NAME</b>					
First Name Art		MI	Last Name Duel		Suffix
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (If different)</b>		
Street Address 136 PALMER BRG			Address 111 FOUNDERS PLZ STE 1101		
City FAIRFIELD	State CT	Zip Code 06824	City EAST HARTFORD	State CT	Zip Code 06108
<b>14. TREASURER TELEPHONE</b>			<b>15. TREASURER E-MAIL ADDRESS</b>		
(Include Area Code) 203 966 7772			artduel@realty-guild.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>					
Bank of America					
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 4 North Main Street, West Hartford, CT 06107					
<i>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.</i>					

**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	
Kenneth DelVecchio		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
102 MARGHERITA LAWN	STRATFORD	CT	06615
23A. OFFICER NAME		TITLE OR POSITION	
Robert E Lauer		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
51 TANGLEWOOD LN	NAUGATUCK	CT	06770
23B. OFFICER NAME		TITLE OR POSITION	
Harriet Stone		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
420 DAVIS RD	FAIRFIELD	CT	06825
23C. OFFICER NAME		TITLE OR POSITION	
Linda St. Peter		Secretary	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
140 RICHARD RD	ROCKY HILL	CT	06067
23D. OFFICER NAME		TITLE OR POSITION	
Philip E Carloni		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
28 PAWSON RD	BRANFORD	CT	06405
23E. OFFICER NAME		TITLE OR POSITION	
Michael O Feldman		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
122 W HAVILAND LN	STAMFORD	CT	06903
23F. OFFICER NAME		TITLE OR POSITION	
Vickie Kelley		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
10 GRAYSTONE LN	WESTON	CT	06883
23G. OFFICER NAME		TITLE OR POSITION	
Joseph P Krist		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
138 W MAIN ST	HEBRON	CT	06248

<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 type="radio"/> Labor Union <input type="radio"/> Two or More Committees (Event(s)) <input type="radio"/> Other Organization <input checked="" 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
CT Association of Realtors, Inc.	111 FOUNDERS PLZ STE 1101	EAST HARTFORD	CT	06108
<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>CT Assoc. of Realtors</u>		
<input type="radio"/> Treasury <input type="radio"/> Voluntary Member Contributions		<u>111 FOUNDERS PLZ STE 1101, EAST HARTFORD, CT, 06108</u>		
<b>32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST?</b>		<input type="checkbox"/> <i>See Addendum</i>		
<input type="radio"/> No <input checked="" type="radio"/> Yes If Yes, Name of Registered Lobbyist <u>CT Assoc. of Realtors, Inc.</u>		<input checked="" 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.

Art Duel

01/08/2009

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.

Art Duel

01/08/2009

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>	
Luis R Sanchez		Trustee	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 51 TANGLEWOOD LN		City NAUGATUCK	State CT      Zip Code 06770
<b>23I. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Rocco Sanzo		Trustee	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 48 SPRINGBROOK DR		City ROCKY HILL	State CT      Zip Code 06067
<b>23J. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Robert H Kimball		Trustee	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 39 OLD COLONY RD		City NORTH STONINGTON	State CT      Zip Code 06354
<b>23K. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Debra J Chamberlain		Trustee	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 34 PALMERS COVE RD		City GROTON	State CT      Zip Code 06340
<b>23L. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Nicholle Dagata		Trustee	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 18 MALCOLM DR		City SOUTHINGTON	State CT      Zip Code 06489
<b>23M. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Donata DeLulio		Trustee	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 22 COLLINS RD		City STONINGTON	State CT      Zip Code 06378
<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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