



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	
Realtors PAC				RPAC	
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE		
Address 111 Founders Plz Ste 1101			Email rpac@ctrealtor.com		
City East Hartford	State CT	Zip Code 06108	Website		
6. CHAIRPERSON NAME					
First Name Scott	MI	Last Name Cooney		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 96 Minor Bridge Rd			Address 111 Founders Plz Ste 1101		
City Roxbury	State CT	Zip Code 06783	City East Hartford	State CT	Zip Code 06108
9. CHAIRPERSON TELEPHONE		10. CHAIRPERSON E-MAIL ADDRESS			
(Include Area Code) 860 799 6010		scott.cooney@era.com			
11. TREASURER NAME					
First Name Scott	MI	Last Name Cooney		Suffix	
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 96 Minor Bridge Rd			Address 111 Founders Plz Ste 1101		
City Roxbury	State CT	Zip Code 06783	City East Hartford	State CT	Zip Code 06108
14. TREASURER TELEPHONE		15. TREASURER E-MAIL ADDRESS			
(Include Area Code) 860 799 6010		scott.cooney@era.com			
16. DEPUTY TREASURER NAME					
First Name Byran	MI J	Last Name Tunney		Suffix	
17. DEPUTY TREASURER RESIDENCE ADDRESS			18. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address 221 Orchard St			Address 111 Founders Plz Ste 1101		
City Cos Cob	State CT	Zip Code 06807	City East Hartford	State CT	Zip Code 06108
19. DEPUTY TREASURER TELEPHONE		20. DEPUTY TREASURER E-MAIL ADDRESS			
(Include Area Code) 203 869 4343		bryan@bryantunney.com			
21. DEPOSITORY INSTITUTION NAME					
Bank of America					
22. DEPOSITORY INSTITUTION ADDRESS					
Address 777 Main Street, Hartford, Ct 06115					

NAME OF COMMITTEE	REGISTRATION TYPE
	<input type="radio"/> Original <input 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 type="radio"/> Labor Union</p> <p> <input type="radio"/> Two or More Committees (Event(s)) <input type="radio"/> Other Organization</p> <p> <input checked="" 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
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<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
CT Association of Realtors, Inc.	111 Founders Plz Ste 1101	East Hartford	CT	06108

30. HOW WILL FUNDS BE RECEIVED?	31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY
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<p><i>Committees formed by a Labor Union or Other Organization ONLY</i></p> <p><input 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>CT Assoc. of Realtors</u></p> <p><u>111 Founders Plz Ste 1101, East Hartford, CT, 06108</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 CT Assoc. of Realtors, Inc.

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?
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<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.

 Scott Cooney

CHAIRPERSON SIGNATURE

01/28/2014

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.

 Scott Cooney

TREASURER SIGNATURE

01/28/2014

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.

Byran J Tunney

01/28/2014

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	
23H. OFFICER NAME		TITLE OR POSITION	
Robert B. Levine		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 105 Mohawk Dr		City West Hartford	State CT Zip Code 06107
23I. OFFICER NAME		TITLE OR POSITION	
Carol L Christiansen		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 909 Colonel Ledyard Hwy		City Ledyard	State CT Zip Code 06339
23J. OFFICER NAME		TITLE OR POSITION	
Leslie Razook		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 5 Marshall Ridge Rd		City New Canaan	State CT Zip Code 06840
23K. OFFICER NAME		TITLE OR POSITION	
Carl Thorsen		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 183 Grove St		City Shelton	State CT Zip Code 06484
23L. OFFICER NAME		TITLE OR POSITION	
Bryan Tunney		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 221 Orchard St		City Cos Cob	State CT Zip Code 06807
23M. OFFICER NAME		TITLE OR POSITION	
Carolyn Augur		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 23 Hitching Post Ln		City Milford	State CT Zip Code 06460
23N. OFFICER NAME		TITLE OR POSITION	
Linda Fercodini		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 19 Andrea Ave		City Wolcott	State CT Zip Code 06716
23O. OFFICER NAME		TITLE OR POSITION	
Edward J Murphy		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 385 South St		City Litchfield	State CT Zip Code 06759

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