



# 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 Cheryl		MI	Last Name Scott-Daniels		Suffix
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>		
Street Address 15 Blind Brook Rd			Address 111 Founders Plz Ste 1101		
City Westport	State CT	Zip Code 06880	City East Hartford	State CT	Zip Code 06108
<b>9. CHAIRPERSON TELEPHONE</b>			<b>10. CHAIRPERSON E-MAIL ADDRESS</b>		
<i>(Include Area Code)</i> 203 341 0100			cheryl@csdgroup.com		
<b>11. TREASURER NAME</b>					
First Name Cheryl		MI	Last Name Scott-Daniels		Suffix
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (If different)</b>		
Street Address 15 Blind Brook Rd			Address 111 Founders Plz Ste 1101		
City Westport	State CT	Zip Code 06880	City East Hartford	State CT	Zip Code 06108
<b>14. TREASURER TELEPHONE</b>			<b>15. TREASURER E-MAIL ADDRESS</b>		
<i>(Include Area Code)</i> 203 341 0100			cheryl@csdgroup.com		
<b>16. DEPUTY TREASURER NAME</b>					
First Name Scott		MI	Last Name Cooney		Suffix
<b>17. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>18. DEPUTY TREASURER MAILING ADDRESS (If different)</b>		
Street Address 17 Wooster Hts			Address 111 Founders Plz Ste 1101		
City Danbury	State CT	Zip Code 06810-7536	City East Hartford	State CT	Zip Code 06108
<b>19. DEPUTY TREASURER TELEPHONE</b>			<b>20. DEPUTY TREASURER E-MAIL ADDRESS</b>		
<i>(Include Area Code)</i> 203 750 7500			Scott.Cooney@coldwellbankermoves.com		
<b>21. DEPOSITORY INSTITUTION NAME</b>					
Bank of America					
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 157 Church Street, New Haven, CT 06511					

NAME OF COMMITTEE		REGISTRATION TYPE	
Realtors PAC		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
Bryan K Atherton		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 7 Black Walnut Dr		City Newtown	State CT
		Zip Code 06470	
23A. OFFICER NAME		TITLE OR POSITION	
Michael Barbaro		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 75 Cove St		City New Haven	State CT
		Zip Code 06512-430	
23B. OFFICER NAME		TITLE OR POSITION	
George M Cain		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 9 Heron Pond Park		City Monterey	State MA
		Zip Code 01245	
23C. OFFICER NAME		TITLE OR POSITION	
Carol L Christiansen		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 909 Colonel Ledyard Hwy		City Ledyard	State CT
		Zip Code 06339	
23D. OFFICER NAME		TITLE OR POSITION	
Vincent Diana		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 253 Blue Ridge Dr		City Manchester	State CT
		Zip Code 06040	
23E. OFFICER NAME		TITLE OR POSITION	
Barbara Erni		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 48 Witch Hazel Dr		City Deep River	State CT
		Zip Code 06417	
23F. OFFICER NAME		TITLE OR POSITION	
Michael O Feldman		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 122 W Haviland Ln		City Stamford	State CT
		Zip Code 06903	
23G. OFFICER NAME		TITLE OR POSITION	
MaryAnn Hebert		Trustee	
OFFICER RESIDENCE ADDRESS			
Address 15 Ridgeview Rd		City Southbury	State CT
		Zip Code 06488	

NAME OF COMMITTEE	REGISTRATION TYPE
Realtors 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><b>A.</b> <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>B.</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><b>A. <input checked="" type="radio"/> Ongoing</b> (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>B. <input type="radio"/> Durational</b> (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
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**

<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 checked="" type="radio"/> No <input type="radio"/> Yes (Name &amp; Address) _____</p>
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**32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST?**

See Addendum

<p><input type="radio"/> No <input checked="" type="radio"/> Yes If Yes, Name of Registered Lobbyist CT Assoc. of Realtors, Inc.</p>	<p><input checked="" type="radio"/> Client Lobbyist <input type="radio"/> Communicator Lobbyist <input type="radio"/> Both</p>
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**33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?**

<p><input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Official Member _____</p>	<p><input type="checkbox"/> See Addendum</p>
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**34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?**

**35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?**

<p><input type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____</p>	<p><input type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____</p>
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**36. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?**

<p><input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Agency _____</p>	
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**37. HAS A CONTRIBUTION OR DISBURSEMENT BEEN MADE PRIOR TO THIS REGISTRATION STATEMENT?**

<p><input type="radio"/> No <input type="radio"/> Yes If Yes, see instructions for additional filing requirements.</p>	
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NAME OF COMMITTEE	REGISTRATION TYPE
Realtors PAC	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes
<b>38. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?</b>	
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Contractor or Principal _____ <input type="checkbox"/> See Addendum	
<b>39. PURPOSE OF COMMITTEE AS TO STATEWIDE &amp; GENERAL ASSEMBLY CANDIDATES</b>	
<b>A. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for Statewide Office?</b> <input type="radio"/> No <input checked="" type="radio"/> Yes	<b>B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly?</b> <input type="radio"/> No <input checked="" type="radio"/> Yes
<b>40. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?</b>	
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Principal _____ <input type="checkbox"/> See Addendum	
<b>41. CERTIFICATION</b>	
<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>Cheryl Scott-Daniels _____ 12/04/2017            CHAIRPERSON SIGNATURE DATE (mm/dd/yyyy)</p>	
<p>Treasurer</p> <p><input type="radio"/> <b>Initial Committee Registration:</b> 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"/> <b>Amended Committee Registration:</b> 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"/> <b>Biennial Committee Re-Registration:</b> 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>Cheryl Scott-Daniels _____ 12/04/2017            TREASURER SIGNATURE DATE (mm/dd/yyyy)</p>	

NAME OF COMMITTEE	REGISTRATION TYPE
Realtors PAC	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial/ 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.

Scott Cooney

12/10/2017

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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<b>NAME OF COMMITTEE</b>		<b>REGISTRATION TYPE</b>	
Realtors PAC		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
<b>23H. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Dan Keune		Trustee	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 335 Somers Rd		City Ellington	State CT
			Zip Code 06029
<b>23I. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Augustus Ryer		Trustee	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 13 Sunset Ln		City Ridgefield	State CT
			Zip Code 06029
<b>23J. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Joseph S Stafford		Trustee	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 48 Claybar Dr		City West Hartford	State CT
			Zip Code 06117
<b>23K. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Byran J Tunney		Trustee	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 221 Orchard St		City Cos Cob	State CT
			Zip Code 06807
<b>23L. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Tammy Felenstein		Trustee	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 578 Hope St # B		City Stamford	State CT
			Zip Code 06907
<b>23M. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address		City	State
			Zip Code
<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		
Realtors PAC	<input type="radio"/> Original	<input checked="" 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
Realtors PAC	<input type="radio"/> Original <input checked="" 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
Realtors PAC	<input type="radio"/> Original <input checked="" 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
Name of Principal
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NAME OF COMMITTEE	REGISTRATION TYPE
Realtors PAC	<input type="radio"/> Original <input checked="" 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	
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