SEEC FORM 3

Political Committee (PAC) Registration

STATE ELECTIONS ENFORCEMENT COMMISSION
Revised September 2012

REGISTRATION TYPE
- ○ Original
- ◉ Amendment/ Biennial with Changes

1. NAME OF COMMITTEE	2. ACRONYM
AT & T Connecticut Employees PAC	

3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE
Address: 555 Long Wharf Dr			Email: js2898@att.net
City: New Haven	State: CT	Zip Code: 06511	Website:

6. CHAIRPERSON NAME			
First Name: John	MI:	Last Name: Sullivan	Suffix:

7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS *(If different)*		
Street Address: 62 Dutton St			Address: 84 Deerfield Ln		
City: Wallingford	State: CT	Zip Code: 06492	City: Meriden	State: CT	Zip Code: 06450

9. CHAIRPERSON TELEPHONE	10. CHAIRPERSON E-MAIL ADDRESS
(Include Area Code) 203 214 4067	js2898@att.net

11. TREASURER NAME			
First Name: Terese	MI:	Last Name: Palange	Suffix:

12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS *(If different)*		
Street Address: 15 Goldsmith Rd			Address: 84 Deerfield Ln		
City: Branford	State: CT	Zip Code: 06405	City: Meriden	State: CT	Zip Code: 06450

14. TREASURER TELEPHONE	15. TREASURER E-MAIL ADDRESS
(Include Area Code) 203 213 7684	tp1397@att.com

16. DEPUTY TREASURER NAME			
First Name: Lisa	MI:	Last Name: Granger	Suffix:

17. DEPUTY TREASURER RESIDENCE ADDRESS			18. DEPUTY TREASURER MAILING ADDRESS *(If different)*		
Street Address: 148 North St			Address: 555 Long Wharf Dr Fl 5		
City: Hamden	State: CT	Zip Code: 06514	City: New Haven	State: CT	Zip Code: 06511

19. DEPUTY TREASURER TELEPHONE	20. DEPUTY TREASURER E-MAIL ADDRESS
(Include Area Code) 203 974 6500	lg2791@att.com

21. DEPOSITORY INSTITUTION NAME

Citizens Bank

22. DEPOSITORY INSTITUTION ADDRESS

Address: 29 Church Street, New Haven, CT 06510-

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
AT & T Connecticut Employees PAC	○ Original ◉ Amendment/ Biennial with Changes

23. OFFICER NAME		TITLE OR POSITION
Jacob	Herrewyn	Vice Chairman

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
575 Allyndale Dr	Stratford	CT	06614

23A. OFFICER NAME		TITLE OR POSITION
Philomena	Tompkins	Secretary, Adminstration Committee

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
123 Eileen Rd	West Haven	CT	06516

23B. OFFICER NAME		TITLE OR POSITION
Katherine	Wernau	Deputy Secretary

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
89 Trowbridge St # 36	Cambridge	MA	02138

23C. OFFICER NAME		TITLE OR POSITION
Maddy	Banerjee	Disbursal Committee

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
2689 High Ridge Rd	Stamford	CT	06903-17(

23D. OFFICER NAME		TITLE OR POSITION
Ronald	Crawford	Disbursal Committee

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
110 Dromara Rd	Guilford	CT	06437

23E. OFFICER NAME		TITLE OR POSITION
Carlos	Pena	Disbursal Committee

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
51 Russet Dr	Guilford	CT	06437-18

23F. OFFICER NAME		TITLE OR POSITION
John	Sullivan	Chairperson Disbursal Committee

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
62 Dutton St	Wallingford	CT	06492

23G. OFFICER NAME		TITLE OR POSITION
Terese	Palange	Chairperson Finance Committee

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
15 Goldsmith Rd	Branford	CT	06405

NAME OF COMMITTEE	REGISTRATION TYPE
AT & T Connecticut Employees PAC	○ Original ◉ 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)*

A.
- ○ Two or More Individuals
- ○ Two or More Committees (*Event(s)*)
- ◉ Business Entity
- ○ Labor Union
- ○ Other Organization
- ○ Legislative Leadership

B. ☐ Legislative Caucus *(Select subtype)*
- ○ Senate Democrats
- ○ House Democrats
- ○ Senate Republicans
- ○ House Republicans

25. PURPOSE OF COMMITTEE *(Select a single committee purpose under A or B and applicable subtype)*

A. ◉ **Ongoing** *(Select subtype)*
- ○ State Elections Only
- ○ Municipal Elections Only
- ◉ Both

B. ○ **Durational** *(Select subtype)*
- ○ Single Election Date _____
- ○ Single Primary Date _____
- ○ Single Candidate
- ○ Political Slate Committee
- ○ Single Referendum Date _____
- ○ Constitutional Amendment Date _____
- ○ Event(s) *(Names of Participating Committees,* _____

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	Name of Candidate(s)	Office(s) Sought	Party Designation
○ Support ○ Oppose			

29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY

Entity Name	Address	City	State	Zip Code
The Southern New England Telephone Compan	310 Orange St	New Haven	CT	06510

30. HOW WILL FUNDS BE RECEIVED?	31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY
Committees formed by a Labor Union or Other Organization ONLY ○ Treasury ○ Voluntary Member Contributions	*(i.e. AFL-CIO, AFSCME, CBIA, etc.)* ◉ No ○ Yes *(Name & Address)* _____

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 _____

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
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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.

John Sullivan — CHAIRPERSON SIGNATURE

11/12/2018 — 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.

Terese Palange — TREASURER SIGNATURE

11/12/2018 — DATE (mm/dd/yyyy)

NAME OF COMMITTEE	REGISTRATION TYPE
AT & T Connecticut Employees PAC	○ 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.

Lisa Granger
DEPUTY TREASURER SIGNATURE

11/13/2018
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.