



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	
Women Organizing Women					
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE		
Address 8 Research Pkwy			Email contact@wowct.org		
City Wallingford	State CT	Zip Code 06492	Website www.wowct.org		
6. CHAIRPERSON NAME					
First Name Barbara	MI L	Last Name Pearce		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 47 Old Quarry Rd			Address 393 State St		
City Guilford	State CT	Zip Code 06437	City North Haven	State CT	Zip Code 06473
9. CHAIRPERSON TELEPHONE		10. CHAIRPERSON E-MAIL ADDRESS			
(Include Area Code) 203 281 3400		blp@hpearce.com			
11. TREASURER NAME					
First Name Donna	MI	Last Name Galluzzo		Suffix	
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 224R Skeet Club Rd			Address 8 Research Pkwy		
City Durham	State CT	Zip Code 06422	City Wallingford	State CT	Zip Code 06492
14. TREASURER TELEPHONE		15. TREASURER E-MAIL ADDRESS			
(Include Area Code) 860 294 6676		dgallzzoo@hmsabc.com			
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			
(Include Area Code)					
21. DEPOSITORY INSTITUTION NAME					
Citizens Bank					
22. DEPOSITORY INSTITUTION ADDRESS					
Address 190 Trumbull Street, Hartford, CT 06103					

NAME OF COMMITTEE		REGISTRATION TYPE	
		<input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23A. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23B. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
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		
<i>Brief description of subject matter of Referendum Question or Constitutional Amendment</i>		<input type="radio"/> Support <input type="radio"/> Oppose		
28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY			<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				
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>		<i>(i.e. AFL-CIO, AFSCME, CBLA, etc.)</i> <input type="radio"/> No <input type="radio"/> Yes <i>(Name & Address)</i> _____		
<input type="radio"/> Treasury <input type="radio"/> Voluntary Member Contributions				
32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST?			<input type="checkbox"/> <i>See Addendum</i>	
<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"/> <i>See Addendum</i>	
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
		<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?		
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Contractor or Principal _____		<input type="checkbox"/> 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? <input type="radio"/> No <input checked="" type="radio"/> Yes		B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly? <input type="radio"/> No <input checked="" type="radio"/> Yes
40. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?		
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Principal _____		<input type="checkbox"/> See Addendum
41. CERTIFICATION		
Chairperson		
<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>		
Barbara L Pearce _____ CHAIRPERSON SIGNATURE		11/07/2012 _____ DATE (mm/dd/yyyy)
Treasurer		
<input type="radio"/> 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 <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.		
<input checked="" type="radio"/> 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.		
<input type="radio"/> 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.		
Donna Galluzzo _____ TREASURER SIGNATURE		11/05/2012 _____ 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.