



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	
Tyler Cooper & Alcorn LLP Political Action Committee					
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE		
Address 555 LONG WHARF DR			Email		
City NEW HAVEN	State CT	Zip Code 06511	Website www.tylercooper.com		
6. CHAIRPERSON NAME					
First Name William		MI S.	Last Name Fish		Suffix Jr
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 205 CHURCH ST			Address 555 LONG WHARF DR		
City NEW HAVEN	State CT	Zip Code 06510	City NEW HAVEN	State CT	Zip Code 06511
9. CHAIRPERSON TELEPHONE			10. CHAIRPERSON E-MAIL ADDRESS		
(Include Area Code) 860 725 6207			wfish@tylercooper.com		
11. TREASURER NAME					
First Name Harold		MI A.	Last Name Cort		Suffix
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address ONE GOODWIN PL			Address 555 LONG WHARF DR		
City HARTFORD	State CT	Zip Code 06103	City NEW HAVEN	State CT	Zip Code 06511
14. TREASURER TELEPHONE			15. TREASURER E-MAIL ADDRESS		
(Include Area Code) 860 725 6253			hcort@tylercooper.com		
16. DEPUTY TREASURER NAME					
First Name Jean		MI M.	Last Name Corriveau		Suffix
17. DEPUTY TREASURER RESIDENCE ADDRESS			18. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address 205 CHURCH ST			Address 555 LONG WHARF DR		
City NEW HAVEN	State CT	Zip Code 06510	City NEW HAVEN	State CT	Zip Code 06511
19. DEPUTY TREASURER TELEPHONE			20. DEPUTY TREASURER E-MAIL ADDRESS		
(Include Area Code) 203 784 8420			jcorriveau@tylercooper.com		
21. DEPOSITORY INSTITUTION NAME					
New Alliance Bank					
22. DEPOSITORY INSTITUTION ADDRESS					
Address 195 Church Street, New Haven, CT 06510					

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 (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 checked="" 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 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 checked="" type="radio"/> State Elections Only</p> <p> <input type="radio"/> Municipal Elections Only</p> <p> <input 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

<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

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 type="radio"/> No <input type="radio"/> Yes (Name & Address) _____</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 _____

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?

<p><input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____</p>	<p><input checked="" 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?

No Yes If Yes, Name of Agency _____

Federal Election Commission

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?		
<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		
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.		
William S. Fish _____ CHAIRPERSON SIGNATURE	12/21/2007 _____ 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.		
Harold A. Cort _____ TREASURER SIGNATURE	12/20/2007 _____ 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.

Jean M. Corriveau

12/20/2007

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.