



# 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>	
NARAL Pro-Choice Connecticut PAC					
<b>3. COMMITTEE ADDRESS</b>			<b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>		
Address 1 Main St Ste T4			Email pac@prochoicenet.org		
City Hartford	State CT	Zip Code 06106	Website www.prochoicect.org		
<b>6. CHAIRPERSON NAME</b>					
First Name Jillian		MI	Last Name Gilcrest		Suffix
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>		
Street Address 329 Fern St			Address		
City West Hartford	State CT	Zip Code 06119	City	State	Zip Code
<b>9. CHAIRPERSON TELEPHONE</b>			<b>10. CHAIRPERSON E-MAIL ADDRESS</b>		
<i>(Include Area Code)</i> 860 933 2596			jillian.gilcrest@gmail.com		
<b>11. TREASURER NAME</b>					
First Name Melinda		MI	Last Name Brainerd		Suffix
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (If different)</b>		
Street Address 32 Warwick St			Address		
City Middletown	State CT	Zip Code 06457	City	State	Zip Code
<b>14. TREASURER TELEPHONE</b>			<b>15. TREASURER E-MAIL ADDRESS</b>		
<i>(Include Area Code)</i> 860 301 0528			melinda.brainerd@gmail.com		
<b>16. DEPUTY TREASURER NAME</b>					
First Name Susan		MI	Last Name Goldman		Suffix
<b>17. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>18. DEPUTY TREASURER MAILING ADDRESS (If different)</b>		
Street Address 35 Sherwood Ln			Address		
City Norwich	State CT	Zip Code 06360	City	State	Zip Code
<b>19. DEPUTY TREASURER TELEPHONE</b>			<b>20. DEPUTY TREASURER E-MAIL ADDRESS</b>		
<i>(Include Area Code)</i> 860 235 9868			goldman.sbg@gmail.com		
<b>21. DEPOSITORY INSTITUTION NAME</b>					
People's United Bank					
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 1 Financial Plaza, Hartford, CT 06103					

**SEEC FORM 3**

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<b>NAME OF COMMITTEE</b>		<b>REGISTRATION TYPE</b>	
NARAL Pro-Choice Connecticut PAC		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
<b>23. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Dolly Haddad		Other Officer	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 528 Long Hill Rd	City Middletown	State CT	Zip Code 06457
<b>23A. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Elizabeth Ritter		Other Officer	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 24 Old Mill Rd	City Quaker Hill	State CT	Zip Code 06375
<b>23B. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Aaron Schrag		Other Officer	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 121 Hill House Rd Apt 1	City Waterbury	State CT	Zip Code 06705
<b>23C. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Amy Albert		Other Officer	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 9 Bluebird Rd	City Middletown	State CT	Zip Code 06457
<b>23D. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Michael Brown		Other Officer	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 67 Point Beach Dr	City Milford	State CT	Zip Code 06460
<b>23E. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Tessa Marquis		Other Officer	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 67 Point Beach Dr	City Milford	State CT	Zip Code 06460
<b>23F. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23G. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code



NAME OF COMMITTEE	REGISTRATION TYPE
NARAL Pro-Choice Connecticut 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 checked="" type="radio"/> No <input 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>Jillian Gilchrest _____ 08/30/2017  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>Melinda Brainerd _____ 08/30/2017  TREASURER SIGNATURE DATE (mm/dd/yyyy)</p>	

NAME OF COMMITTEE	REGISTRATION TYPE
NARAL Pro-Choice Connecticut PAC	<input type="radio"/> Original <input checked="" 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.

Susan Goldman

08/31/2017

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.