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
State Vocational Federation Teachers Public Relations Committee	SVFT PRC

3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE
Address: 2275 Silas Deane Hwy			Email: jhochadel@svft.org
City: Rocky Hill	State: CT	Zip Code: 06067	Website: www.svft.org

6. CHAIRPERSON NAME			
First Name: Suzanne	MI:	Last Name: Loud	Suffix:

7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS *(If different)*		
Street Address: 3 Rockridge Ter			Address:		
City: Prospect	State: CT	Zip Code: 06712	City:	State:	Zip Code:

9. CHAIRPERSON TELEPHONE	10. CHAIRPERSON E-MAIL ADDRESS
(Include Area Code) 203 577 9693	svloud@svft.org

11. TREASURER NAME			
First Name: Janis	MI: F	Last Name: Hochadel	Suffix:

12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS *(If different)*		
Street Address: 47 Greenfield Dr			Address:		
City: Shelton	State: CT	Zip Code: 06484	City:	State:	Zip Code:

14. TREASURER TELEPHONE	15. TREASURER E-MAIL ADDRESS
(Include Area Code) 203 929 4255	jhochadel@svft.org

16. DEPUTY TREASURER NAME			
First Name: Richard	MI: F.	Last Name: Tanasi	Suffix:

17. DEPUTY TREASURER RESIDENCE ADDRESS			18. DEPUTY TREASURER MAILING ADDRESS *(If different)*		
Street Address: 27 Briarwood Dr			Address:		
City: Old Saybrook	State: CT	Zip Code: 06475	City:	State:	Zip Code:

19. DEPUTY TREASURER TELEPHONE	20. DEPUTY TREASURER E-MAIL ADDRESS
(Include Area Code) 860 388 1550	rtanasi@svft.org

21. DEPOSITORY INSTITUTION NAME

Webster Bank

22. DEPOSITORY INSTITUTION ADDRESS

Address: 1039 Silas Deane Hwy, Wethersfield, CT 06019

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
	○ Original ○ Amendment/ Biennial with Changes

23. OFFICER NAME		TITLE OR POSITION
Ruth	Cion	member

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
12 Bellrest Rd	West Hartford	CT	06107

23A. OFFICER NAME		TITLE OR POSITION
Edward	Leavy	member

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
265 Foxon Hill Rd	East Haven	CT	06513

23B. OFFICER NAME		TITLE OR POSITION
Bruce	Ejzak	member

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
63 Brindle Ave	Barkhamsted	CT	06063

23C. OFFICER NAME		TITLE OR POSITION
Paul	Lucuk	member

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
25 Hoinski Way	Ansonia	CT	06401

23D. OFFICER NAME		TITLE OR POSITION
Virginia	Skoglund	member

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
19 Arnold Rd	Fiskdale	MA	01518

23E. OFFICER NAME		TITLE OR POSITION
William	Arpaia	member

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
320 Beacon Hill Dr	Cheshire	CT	06410

23F. OFFICER NAME		TITLE OR POSITION
Mitchell	White	member

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
PO Box 1415	Torrington	CT	06790

23G. OFFICER NAME		TITLE OR POSITION

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code

NAME OF COMMITTEE	REGISTRATION TYPE
	○ 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 Referendum Date _____
- ○ Single Primary Date _____
- ○ Constitutional Amendment Date _____
- ○ Single Candidate
- ○ Political Slate Committee
- ○ 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
State Vocational Federation of Teachers	2275 Silas Deane Hwy	Rocky Hill	CT	06067

30. HOW WILL FUNDS BE RECEIVED?

Committees formed by a Labor Union or Other Organization ONLY

◉ Treasury ○ Voluntary Member Contributions

31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY

(i.e. AFL-CIO, AFSCME, CBIA, etc.) ○ No ◉ Yes *(Name & Address)* AFL-CIO and AFT-CT

35 Marshall Rd,Rocky Hill,CT,06067

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.

Suzanne Loud — CHAIRPERSON SIGNATURE

09/23/2010 — 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.

Janis F Hochadel — TREASURER SIGNATURE

09/23/2010 — DATE (mm/dd/yyyy)

NAME OF COMMITTEE	REGISTRATION TYPE
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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.

Richard F. Tanasi — DEPUTY TREASURER SIGNATURE

09/23/2010 — 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.