



# 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>	
State Vocational Federation Of Teachers Public Relations Committee					
<b>3. COMMITTEE ADDRESS</b>			<b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>		
Address 2275 Silas Deane Hwy			Email		
City Rocky Hill	State CT	Zip Code 06067	Website		
<b>6. CHAIRPERSON NAME</b>					
First Name Cheryl	MI C	Last Name Collett	Suffix		
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>		
Street Address 7 Sunrise Cir			Address		
City Wallingford	State CT	Zip Code 06492	City	State	Zip Code
<b>9. CHAIRPERSON TELEPHONE</b>			<b>10. CHAIRPERSON E-MAIL ADDRESS</b>		
(Include Area Code) 203 265 4082			cherylchristiecollett@gmail.com		
<b>11. TREASURER NAME</b>					
First Name Gregory	MI E	Last Name Beyer	Suffix		
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (If different)</b>		
Street Address 62 Lorann Dr			Address		
City Naugatuck	State CT	Zip Code 06770	City	State	Zip Code
<b>14. TREASURER TELEPHONE</b>			<b>15. TREASURER E-MAIL ADDRESS</b>		
(Include Area Code) 203 206 9282			gbeyer@svft.org		
<b>16. DEPUTY TREASURER NAME</b>					
First Name Janis	MI F	Last Name Hochadel	Suffix		
<b>17. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>18. DEPUTY TREASURER MAILING ADDRESS (If different)</b>		
Street Address 47 Greenfield Dr			Address		
City Shelton	State CT	Zip Code 06484	City	State	Zip Code
<b>19. DEPUTY TREASURER TELEPHONE</b>			<b>20. DEPUTY TREASURER E-MAIL ADDRESS</b>		
(Include Area Code) 203 929 4255			jhochadel@svft.org		
<b>21. DEPOSITORY INSTITUTION NAME</b>					
Webster Bank					
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>					
Address 1039 Silas Deane Hwy, Wethersfield, CT 06109					

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<b>NAME OF COMMITTEE</b>		<b>REGISTRATION TYPE</b>	
		<input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes	
<b>23. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Ruth	Cion	Member	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 12 Bellrest Rd	City West Hartford	State CT	Zip Code 06107
<b>23A. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Bruce	Ejzak	Member	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 63 Brindle Ave	City Barkhamsted	State CT	Zip Code 06063
<b>23B. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Edward	Leavy	Member	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 265 Foxon Hill Rd	City East Haven	State CT	Zip Code 06513
<b>23C. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
William	Zisk	Member	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 95 Grace Ave	City Bristol	State CT	Zip Code 06010
<b>23D. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Suzanne	Loud	Member	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 3 Rockridge Ter	City Prospect	State CT	Zip Code 06712
<b>23E. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Valerie	Stewart	Member	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address 21 Maple St	City Middletown	State CT	Zip Code 06457
<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		
		<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>				
<b>A.</b> <input type="radio"/> Two or More Individuals <input checked="" 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>B.</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>				
<b>A.</b> <input type="radio"/> Ongoing <i>(Select subtype)</i> <input type="radio"/> State Elections Only <input type="radio"/> Municipal Elections Only <input type="radio"/> Both		<b>B.</b> <input checked="" type="radio"/> Durational <i>(Select subtype)</i> <input checked="" type="radio"/> Single Election Date <u>Nov 2012</u> <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 <span style="float: right;"><input type="checkbox"/> See Addendum</span>				
Position <input type="radio"/> Support <input type="radio"/> Oppose	Name of Candidate(s)	Office(s) Sought	Party Designation	
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?		31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY		
<i>Committees formed by a Labor Union or Other Organization ONLY</i> <input checked="" type="radio"/> Treasury <input type="radio"/> Voluntary Member Contributions		<i>(i.e. AFL-CIO, AFSCME, CBLA, etc.)</i> <input type="radio"/> No <input checked="" type="radio"/> Yes <i>(Name &amp; Address)</i> <u>AFL-CIO/AFT-CT</u> <u>35 Marshall Rd, Rocky Hill, CT, 06067</u>		
32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST? <span style="float: right;"><input type="checkbox"/> See Addendum</span>				
<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? <span style="float: right;"><input type="checkbox"/> See Addendum</span>				
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Official Member _____				
34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?		35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?		
<input type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____		<input 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 checked="" type="radio"/> No <input type="radio"/> Yes If Yes, see instructions for additional filing requirements.				



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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.

Janis F Hochadel

10/26/2012

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.