



# SEEC FORM 8

**Independent Expenditure Only Political Committees**  
STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised July 2014

REGISTRATION TYPE	
<input type="radio"/> Original	
<input checked="" type="radio"/> Amendment/ Biennial with Changes	

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>			
The Property Owner Defense League				POODLE			
<input type="checkbox"/> <b>Previously Registered as Different Committee</b> <small>Name of previous committee (if different from above)</small>							
<b>3. COMMITTEE ADDRESS</b>				<b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>			
Address 161 N Main St				Email r.decosmo@sbcglobal.net			
City Waterbury		State CT	Zip Code 06702	Website			
<b>6. CHAIRPERSON NAME</b>							
First Name Robert		MI J	Last Name De Cosmo			Suffix Sr	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>				<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>			
Street Address 141 Greenmount Ter				Address			
City Waterbury		State CT	Zip Code 06708	City		State	Zip Code
<b>9. CHAIRPERSON TELEPHONE</b>				<b>10. CHAIRPERSON E-MAIL ADDRESS</b>			
<small>(Include Area Code)</small> 800 369 6153				r.decosmo@sbcglobal.net			
<b>11. TREASURER NAME</b>							
First Name Robert		MI J	Last Name De Cosmo			Suffix Sr	
<b>12. TREASURER RESIDENCE ADDRESS</b>				<b>13. TREASURER MAILING ADDRESS (If different)</b>			
Street Address 141 Greenmount Ter				Address			
City Waterbury		State CT	Zip Code 06708	City		State	Zip Code
<b>14. TREASURER TELEPHONE</b>				<b>15. TREASURER E-MAIL ADDRESS</b>			
<small>(Include Area Code)</small> 800 369 6153				r.decosmo@sbcglobal.net			
<b>16. DEPUTY TREASURER NAME</b>							
First Name Robert		MI J	Last Name Meadows			Suffix	
<b>17. DEPUTY TREASURER RESIDENCE ADDRESS</b>				<b>18. DEPUTY TREASURER MAILING ADDRESS (If different)</b>			
Street Address 141 Greenmount Ter				Address			
City Waterbury		State CT	Zip Code 06708	City		State	Zip Code
<b>19. DEPUTY TREASURER TELEPHONE</b>				<b>20. DEPUTY TREASURER E-MAIL ADDRESS</b>			
<small>(Include Area Code)</small> 888 610 4710				justin@tenanttracks.com			
<b>21. DEPOSITORY INSTITUTION NAME</b>							
Thomaston Savings Bank							
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>							
Address 824 Highland Avenue, Waterbury, CT 06708							

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23. OFFICER NAME		TITLE OR POSITION		
Peter D'Amato		Officer		
OFFICER RESIDENCE ADDRESS				
Address 30 Elephant Rock Rd		City Woodbury	State CT	Zip Code 06798
23A. OFFICER NAME		TITLE OR POSITION		
Ross Gulino		Officer		
OFFICER RESIDENCE ADDRESS				
Address 69 Collindale Dr		City Meriden	State CT	Zip Code 06450
23B. OFFICER NAME		TITLE OR POSITION		
Adam Bonoff		Officer		
OFFICER RESIDENCE ADDRESS				
Address 19 Gregory Farm Rd		City Easton	State CT	Zip Code 06612
23C. OFFICER NAME		TITLE OR POSITION		
Lin Yang		Officer		
OFFICER RESIDENCE ADDRESS				
Address 17 Woodside Dr		City Woodbridge	State CT	Zip Code 06525
23D. OFFICER NAME		TITLE OR POSITION		
David Habberfeld		Officer		
OFFICER RESIDENCE ADDRESS				
Address 110 Divinity St		City Bristol	State CT	Zip Code 06010
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

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NAME OF COMMITTEE		REGISTRATION TYPE	
The Property Owner Defense League		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
24. COMMITTEE SUBTYPE			
<input checked="" type="radio"/> Two or More Individuals		<input type="radio"/> Labor Union	
<input type="radio"/> Business Entity		<input type="radio"/> Other Organization	
25. PURPOSE OF COMMITTEE (Select a single committee purpose under A or B and applicable subtype)			
<b>A. <input checked="" type="radio"/> Ongoing</b> (Select subtype) <input type="radio"/> State Elections Only <input type="radio"/> Municipal Elections Only <input checked="" type="radio"/> Both		<b>B. <input type="radio"/> Durational</b> (Select subtype) <input type="radio"/> Single Election Date _____ <input type="radio"/> Single Referendum Date _____ <input type="radio"/> Single Primary Date _____ <input type="radio"/> Constitutional Amendment Date _____	
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		<input type="radio"/> Support <input type="radio"/> Oppose	
28. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER ORGANIZATION OR ASSOCIATION ONLY			
Entity Name	Address	City	State      Zip Code
29. SECTION RESERVED		30. SECTION RESERVED	
31. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST?			
<input checked="" type="radio"/> No <input type="radio"/> Yes <i>If Yes, Name of Registered Lobbyist</i> _____		<input type="checkbox"/> See Addendum <input type="radio"/> Client Lobbyist <input type="radio"/> Communicator Lobbyist <input type="radio"/> Both	
32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?			
<input checked="" type="radio"/> No <input type="radio"/> Yes <i>If Yes, Name of Official, Member or Agent</i> _____		<input type="checkbox"/> See Addendum	
33. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?			
<input checked="" type="radio"/> No <input type="radio"/> Yes <i>If Yes, Name of Agency</i> _____			
34. HAS A CONTRIBUTION OR DISBURSEMENT BEEN RECEIVED PRIOR TO THIS REGISTRATION STATEMENT?			
<input type="radio"/> No <input type="radio"/> Yes <i>See instructions for additional filing requirements.</i>			
35. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?			
<input checked="" type="radio"/> No <input type="radio"/> Yes <i>If Yes, Name of Contractor or Principal</i> _____		<input type="checkbox"/> See Addendum	
36. PURPOSE OF COMMITTEE AS TO STATEWIDE & GENERAL ASSEMBLY CANDIDATES			
<b>A.</b> Is this Political Committee authorized to make expenditures for the benefit of candidates for Statewide Office? <input type="radio"/> No <input checked="" type="radio"/> Yes		<b>B.</b> Is this Political Committee authorized to make expenditures for the benefit of candidates for General Assembly? <input type="radio"/> No <input checked="" type="radio"/> Yes	
37. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?			
<input checked="" type="radio"/> No <input type="radio"/> Yes <i>If Yes, Name of Principal</i> _____		<input type="checkbox"/> See Addendum	

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**38. 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, that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee, 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.

Robert J De Cosmo Sr

09/12/2016

CHAIRPERSON SIGNATURE

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 40 complete as to the committee's first day of receiving contributions or disbursements benefiting the committee or that I understand that I shall become obligated to file the committee's first SEEC FORM 40 within 48 hours after receiving the committee's first contribution or disbursement. 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 this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

**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. 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 and that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

**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 and that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

Robert J De Cosmo Sr

09/12/2016

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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The Property Owner Defense League	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes

**38. 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. I further hereby certify and state under penalties of false statement, this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

**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. 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 and that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

**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 and that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

Robert J Meadows

DEPUTY TREASURER SIGNATURE

09/09/2016

DATE (mm/dd/yyyy)

**ADDITIONAL PAGES FOR SEEC FORM 8**

If additional pages are needed to complete all information required in Sections 23, 31, 32, 35 or 37 of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the SEEC Form 8.

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