SEEC FORM 8

Independent Expenditure Only Political Committees

STATE ELECTIONS ENFORCEMENT COMMISSION
Revised July 2014

REGISTRATION TYPE
- ○ Original
- ◉ Amendment/ Biennial with Changes

1. NAME OF COMMITTEE	2. ACRONYM
The Property Owner Defense League ☐ Previously Registered as Different Committee — *Name of previous committee (if different from above)*	POODLE

3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE
Address: PO Box 4795			Email: r.decosmo@sbcglobal.net
City: Waterbury	State: CT	Zip Code: 06704	Website:

6. CHAIRPERSON NAME			
First Name: Robert	MI: J	Last Name: De Cosmo	Suffix: Sr

7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS *(If different)*		
Street Address: 141 Greenmount Ter			Address:		
City: Waterbury	State: CT	Zip Code: 06708	City:	State:	Zip Code:

9. CHAIRPERSON TELEPHONE	10. CHAIRPERSON E-MAIL ADDRESS
(Include Area Code) 800 369 6153	r.decosmo@sbcglobal.net

11. TREASURER NAME			
First Name: Robert	MI: J	Last Name: De Cosmo	Suffix: Sr

12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS *(If different)*		
Street Address: 141 Greenmount Ter			Address:		
City: Waterbury	State: CT	Zip Code: 06708	City:	State:	Zip Code:

14. TREASURER TELEPHONE	15. TREASURER E-MAIL ADDRESS
(Include Area Code) 800 369 6153	r.decosmo@sbcglobal.net

16. DEPUTY TREASURER NAME			
First Name: Robert	MI: J	Last Name: Meadows	Suffix:

17. DEPUTY TREASURER RESIDENCE ADDRESS			18. DEPUTY TREASURER MAILING ADDRESS *(If different)*		
Street Address: 141 Greenmount Ter			Address:		
City: Waterbury	State: CT	Zip Code: 06708	City:	State:	Zip Code:

19. DEPUTY TREASURER TELEPHONE	20. DEPUTY TREASURER E-MAIL ADDRESS
(Include Area Code) 888 610 4710	justin@tenanttracks.com

21. DEPOSITORY INSTITUTION NAME
Thomaston Savings Bank

22. DEPOSITORY INSTITUTION ADDRESS			
Address: 824 Highland Avenue, Waterbury, CT 06708			

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.

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NAME OF COMMITTEE	REGISTRATION TYPE
The Property Owner Defense League	○ Original ◉ Amendment/ Biennial with Changes

23. OFFICER NAME		TITLE OR POSITION
Peter	D'Amato	Officer

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
30 Elephant Rock Rd	Woodbury	CT	06798

23A. OFFICER NAME		TITLE OR POSITION
Ross	Gulino	Officer

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
69 Collindale Dr	Meriden	CT	06450

23B. OFFICER NAME		TITLE OR POSITION
Adam	Bonoff	Officer

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
19 Gregory Farm Rd	Easton	CT	06612

23C. OFFICER NAME		TITLE OR POSITION
Lin	Yang	Officer

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
17 Woodside Dr	Woodbridge	CT	06525

23D. OFFICER NAME		TITLE OR POSITION
David	Habberfeld	Officer

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
110 Divinity St	Bristol	CT	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
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24. COMMITTEE SUBTYPE

◉ Two or More Individuals ○ Labor Union ○ Business Entity ○ Other Organization

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 _____

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. 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? ☐ *See Addendum*

◉ No ○ Yes *If Yes, Name of Registered Lobbyist* _____

○ Client Lobbyist
○ Communicator Lobbyist
○ Both

32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?

◉ No ○ Yes *If Yes, Name of Official, Member or Agent* _____ ☐ *See Addendum*

33. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?

◉ No ○ Yes *If Yes, Name of Agency* _____

34. HAS A CONTRIBUTION OR DISBURSEMENT BEEN RECEIVED PRIOR TO THIS REGISTRATION STATEMENT?

○ No ○ Yes *See instructions for additional filing requirements.*

35. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?

◉ No ○ Yes *If Yes, Name of Contractor or Principal* _____ ☐ *See Addendum*

36. PURPOSE OF COMMITTEE AS TO STATEWIDE & GENERAL ASSEMBLY CANDIDATES

A. Is this Political Committee authorized to make expenditures for the benefit of candidates for Statewide Office? ○ No ◉ Yes

B. Is this Political Committee authorized to make expenditures for the benefit of candidates for General Assembly? ○ No ◉ Yes

37. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?

◉ No ○ Yes *If Yes, Name of Principal* _____ ☐ *See Addendum*

NAME OF COMMITTEE	REGISTRATION TYPE
The Property Owner Defense League	○ Original ◉ Amendment/ Biennial with Changes

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 — CHAIRPERSON SIGNATURE

07/24/2018 — 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 — TREASURER SIGNATURE

07/24/2018 — DATE (mm/dd/yyyy)

NAME OF COMMITTEE	REGISTRATION TYPE
The Property Owner Defense League	○ Original ◉ 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	07/24/2018
DEPUTY TREASURER SIGNATURE	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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