SEEC FORM 8

Independent Expenditure Only Political Committees

STATE ELECTIONS ENFORCEMENT COMMISSION
Revised July 2014

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

1. NAME OF COMMITTEE	2. ACRONYM
CT League of Conservation Voters PAC ☐ Previously Registered as Different Committee — *Name of previous committee (if different from above)*	CTLCV PAC

3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE
Address: 553 Farminton Ave			Email: lori.brown@ctlcv.org
City: Hartford	State: CT	Zip Code: 06105	Website:

6. CHAIRPERSON NAME			
First Name: David	MI:	Last Name: Bingham	Suffix:

7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS *(If different)*		
Street Address: 50 White Birch Rd			Address:		
City: Salem	State: CT	Zip Code: 06420	City:	State:	Zip Code:

9. CHAIRPERSON TELEPHONE	10. CHAIRPERSON E-MAIL ADDRESS
(Include Area Code) 860 859 1247	dbbingham@sbcglobal.net

11. TREASURER NAME			
First Name: Lori	MI:	Last Name: Brown	Suffix:

12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS *(If different)*		
Street Address: 14 Duncaster Rd			Address:		
City: Bloomfield	State: CT	Zip Code: 06002	City:	State:	Zip Code:

14. TREASURER TELEPHONE	15. TREASURER E-MAIL ADDRESS
(Include Area Code) 860 236 5442	lori.brown@ctlcv.org

16. DEPUTY TREASURER NAME			
First Name:	MI:	Last Name:	Suffix:

17. DEPUTY TREASURER RESIDENCE ADDRESS			18. DEPUTY TREASURER MAILING ADDRESS *(If different)*		
Street Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:

19. DEPUTY TREASURER TELEPHONE	20. DEPUTY TREASURER E-MAIL ADDRESS
(Include Area Code)	

21. DEPOSITORY INSTITUTION NAME
Bank Of America

22. DEPOSITORY INSTITUTION ADDRESS			
Address: 550 Farmington Ave., Hartford, CT 06105			

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
CT League of Conservation Voters PAC	○ Original ◉ Amendment/ Biennial with Changes

23. OFFICER NAME	TITLE OR POSITION

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code

23A. OFFICER NAME	TITLE OR POSITION

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code

23B. OFFICER NAME	TITLE OR POSITION

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code

23C. OFFICER NAME	TITLE OR POSITION

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code

23D. OFFICER NAME	TITLE OR POSITION

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code

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
CT League of Conservation Voters PAC	○ Original ◉ Amendment/ Biennial with Changes

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
CT League of Conservation Voters, Inc	553 Farmington Ave	Hartford	CT	06105-3(

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* Lori Brown

○ 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* IRS

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*

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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.

David Bingham — CHAIRPERSON SIGNATURE

04/01/2022 — 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.

Lori Brown — TREASURER SIGNATURE

03/30/2022 — DATE (mm/dd/yyyy)

NAME OF COMMITTEE	REGISTRATION TYPE
CT League of Conservation Voters PAC	○ 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.

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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