



# SEEC FORM 8

**Independent Expenditure Only Political Committee**  
STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised 2024

Received by SEEC

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REGISTRATION TYPE

- Original
- Amendment/  
Biennial with Changes

<b>1. NAME OF COMMITTEE</b>					<b>2. ACRONYM</b>					
CT League of Conservation Voters PAC					CTLCV PAC					
<input type="checkbox"/> <b>Previously Registered as Different Committee</b> <i>Name of previous committee (if different from above)</i>										
<b>3. COMMITTEE ADDRESS</b>					<b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>					
Address 20 Church St					Email lori.brown@ctlcv.org					
City Hartford		State CT	Zip Code 06103		Website					
<b>6. CHAIRPERSON NAME</b>										
First Name David			MI	Last Name Bingham				Suffix		
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>					<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>					
Street Address 50 White Birch Rd					Address					
City Salem		State CT	Zip Code 06420		City		State	Zip Code		
<b>9. CHAIRPERSON TELEPHONE</b>					<b>10. CHAIRPERSON EMAIL ADDRESS</b>					
<i>(Include Area Code)</i> 860 859 1247					binghamdb7@gmail.com					
<b>11. TREASURER NAME</b>										
First Name Lori			MI	Last Name Brown				Suffix		
<b>12. TREASURER RESIDENCE ADDRESS</b>					<b>13. TREASURER MAILING ADDRESS (If different)</b>					
Street Address 14 Duncaster Rd					Address					
City Bloomfield		State CT	Zip Code 06002		City		State	Zip Code		
<b>14. TREASURER TELEPHONE</b>					<b>15. TREASURER EMAIL ADDRESS</b>					
<i>(Include Area Code)</i> 860 214 0345					lori.brown@ctlcv.org					
<b>16. DEPUTY TREASURER NAME</b>										
First Name			MI	Last Name				Suffix		
<b>17. DEPUTY TREASURER RESIDENCE ADDRESS</b>					<b>18. DEPUTY TREASURER MAILING ADDRESS (If different)</b>					
Street Address					Address					
City		State	Zip Code		City		State	Zip Code		
<b>19. DEPUTY TREASURER TELEPHONE</b>					<b>20. DEPUTY TREASURER EMAIL ADDRESS</b>					
<i>(Include Area Code)</i>										
<b>21. DEPOSITORY INSTITUTION NAME</b>										
Bank Of America										
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>										
Address 550 Farmington Ave., Hartford, CT 06105					City			State	Zip Code	

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CT League of Conservation Voters PAC		<input type="radio"/> Original <input checked="" type="radio"/> 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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CT League of Conservation Voters PAC		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
<b>24. COMMITTEE SUBTYPE</b>			
<input type="radio"/> Two or More Individuals <input type="radio"/> Labor Union <input type="radio"/> Business Entity <input type="radio"/> Other Organization			
<b>25. PURPOSE OF COMMITTEE (Select a single committee purpose under A or B and applicable subtype)</b>			
<b>A. <input checked="" type="radio"/> Ongoing (Select subtype)</b> <input checked="" type="radio"/> State Elections Only <input type="radio"/> Municipal Elections Only <input type="radio"/> Both		<b>B. <input type="radio"/> Durational (Select subtype)</b> <input type="radio"/> Single Election Date _____ <input type="radio"/> Single Referendum Date _____ <input type="radio"/> Single Primary Date _____ <input type="radio"/> Constitutional Amendment Date _____	
<b>26. REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT ONLY</b>		<b>27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT</b>	
Brief description of subject matter of Referendum Question or Constitutional Amendment		<input type="radio"/> Support <input type="radio"/> Oppose	
<b>28. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER ORGANIZATION OR ASSOCIATION ONLY</b>			
Entity Name	Address	City	State    Zip Code
CT League of Conservation Voter	553 Farmington Ave	Hartford	CT    06105-
<b>29. IF THE COMMITTEE IS ESTABLISHED BY A PERSON OTHER THAN A HUMAN BEING, IS THAT PERSON MAKING THE EXPENDITURE A FOREIGN NATIONAL AS DEFINED IN PUBLIC ACT 24-28?</b>			
<input checked="" type="radio"/> No <input type="radio"/> Yes			
<b>30 SECTION RESERVED</b>			
<b>31. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST?</b>			
<input type="checkbox"/> See Addendum			
<input type="radio"/> No <input type="radio"/> Yes <i>If Yes, Name of Registered Lobbyist</i>			
Lori Brown			<input type="radio"/> Client Lobbyist <input checked="" type="radio"/> Communicator Lobbyist <input type="radio"/> Both
<b>32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?</b>			
<input type="radio"/> No <input type="radio"/> Yes <i>If Yes, Name of Official, Member or Agent</i>			
			<input type="checkbox"/> See Addendum
<b>33. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?</b>			
<input type="radio"/> No <input checked="" type="radio"/> Yes <i>If Yes, Name of Agency</i> <u>IRS</u>			
<b>34. HAS A CONTRIBUTION OR DISBURSEMENT BEEN RECEIVED PRIOR TO THIS REGISTRATION STATEMENT?</b>			
<input type="radio"/> No <input type="radio"/> Yes <i>See instructions for additional filing requirements.</i>			
<b>35. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?</b>			
<input checked="" type="radio"/> No <input type="radio"/> Yes <i>If Yes, Name of Contractor or Principal</i>			
			<input type="checkbox"/> See Addendum
<b>36. PURPOSE OF COMMITTEE AS TO STATEWIDE &amp; GENERAL ASSEMBLY CANDIDATES</b>			
<b>A. Is this Political Committee authorized to make expenditures for the benefit of candidates for Statewide Office?</b> <input type="radio"/> No <input checked="" type="radio"/> Yes		<b>B. Is this Political Committee authorized to make expenditures for the benefit of candidates for General Assembly?</b> <input type="radio"/> No <input type="radio"/> Yes	
<b>37. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?</b>			
<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. independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

David Bingham

11/12/2024

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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

**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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

**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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

Lori Brown

11/12/2024

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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**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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

**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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

**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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

\_\_\_\_\_  
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.