



# SEEC FORM 8

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

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

| 1. NAME OF COMMITTEE   |  |             |                   | 2. ACRONYM  |        |       |          |
|--|--|-------------|-------------------|---|--------|-------|----------|
| Leaders for a Stronger Connecticut   |  |             |                   | LSC   |        |       |          |
| <input type="checkbox"/> <b>Previously Registered as Different Committee</b> <small>Name of previous committee (if different from above)</small> |  |             |                   |   |        |       |          |
| 3. COMMITTEE ADDRESS   |  |             |                   | 4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE          |        |       |          |
| Address<br>PO Box 8418   |  |             |                   | Email   |        |       |          |
| City<br>New Haven  |  | State<br>CT | Zip Code<br>06706 | Website   |        |       |          |
| 6. CHAIRPERSON NAME  |  |             |                   |   |        |       |          |
| First Name<br>Melissa  |  | MI          | Last Name<br>Baez |   | Suffix |       |          |
| 7. CHAIRPERSON RESIDENCE ADDRESS   |  |             |                   | 8. CHAIRPERSON MAILING ADDRESS (If different)       |        |       |          |
| Street Address<br>596 Brooks St  |  |             |                   | Address   |        |       |          |
| City<br>Bridgeport   |  | State<br>CT | Zip Code<br>06608 | City  |        | State | Zip Code |
| 9. CHAIRPERSON TELEPHONE   |  |             |                   | 10. CHAIRPERSON E-MAIL ADDRESS                      |        |       |          |
| <small>(Include Area Code)</small><br>203 814 9355   |  |             |                   | mbaez17@gmail.com                                   |        |       |          |
| 11. TREASURER NAME   |  |             |                   |   |        |       |          |
| First Name<br>Jasedia  |  | MI          | Last Name<br>Toro |   | Suffix |       |          |
| 12. TREASURER RESIDENCE ADDRESS  |  |             |                   | 13. TREASURER MAILING ADDRESS (If different)        |        |       |          |
| Street Address<br>185 Seeley St  |  |             |                   | Address   |        |       |          |
| City<br>Bridgeport   |  | State<br>CT | Zip Code<br>06604 | City  |        | State | Zip Code |
| 14. TREASURER TELEPHONE  |  |             |                   | 15. TREASURER E-MAIL ADDRESS                        |        |       |          |
| <small>(Include Area Code)</small><br>203 908 2231   |  |             |                   | nujessy@gmail.com                                   |        |       |          |
| 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                 |        |       |          |
| <small>(Include Area Code)</small>   |  |             |                   |   |        |       |          |
| 21. DEPOSITORY INSTITUTION NAME  |  |             |                   |   |        |       |          |
| Webster Bank   |  |             |                   |   |        |       |          |
| 22. DEPOSITORY INSTITUTION ADDRESS   |  |             |                   |   |        |       |          |
| Address<br>200 College Street, New Haven, CT 06510   |  |             |                   |   |        |       |          |

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|------------------------------------|--|--|-------------|
| Leaders for a Stronger Connecticut |  | <input checked="" type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes |             |
| 23. OFFICER NAME                   |  | TITLE OR POSITION  |             |
| Aisha Guttierrez                   |  | Secretary  |             |
| OFFICER RESIDENCE ADDRESS          |  |  |             |
| Address<br>109 Rosewood Ave        |  | City<br>Waterbury  | State<br>CT |
| Zip Code<br>06706                  |  |  |             |
| 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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|--|---------|---|-------------------|
| Leaders for a Stronger Connecticut   |         | <input checked="" type="radio"/> Original <input 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)<br><input type="radio"/> State Elections Only<br><input type="radio"/> Municipal Elections Only<br><input checked="" type="radio"/> Both |         | <b>B. <input type="radio"/> Durational</b> (Select subtype)<br><input type="radio"/> Single Election Date _____ <input type="radio"/> Single Referendum Date _____<br><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<br><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<br><input type="radio"/> Client Lobbyist<br><input type="radio"/> Communicator Lobbyist<br><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 checked="" 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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|------------------------------------|--|
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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.

Melissa Baez

08/21/2017

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.

Jasedia Toro

08/21/2017

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.

**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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