



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/ Biennial with Changes

1. NAME OF COMMITTEE				2. ACRONYM			
Everytown for Gun Safety Victory Fund							
<input type="checkbox"/> Previously Registered as Different Committee <small>Name of previous committee (if different from above)</small>							
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE				
Address PO Box 4184			Email lobbyreg@everytown.org				
City New York	State NY	Zip Code 10163	Website				
6. CHAIRPERSON NAME							
First Name Tara	MI	Last Name Paone			Suffix		
7. CHAIRPERSON RESIDENCE ADDRESS				8. CHAIRPERSON MAILING ADDRESS (If different)			
Street Address 450 Lexington Ave # 4184				Address PO Box 4184			
City New York	State NY	Zip Code 10017	City New York	State NY	Zip Code 10163		
9. CHAIRPERSON TELEPHONE			10. CHAIRPERSON E-MAIL ADDRESS				
<small>(Include Area Code)</small> 646 324 8250			lobbyreg@everytown.org				
11. TREASURER NAME							
First Name Lori	MI	Last Name Charlton			Suffix		
12. TREASURER RESIDENCE ADDRESS				13. TREASURER MAILING ADDRESS (If different)			
Street Address 171 Birch Rd				Address PO Box 4184			
City Fairfield	State CT	Zip Code 06824	City New York	State NY	Zip Code 10163		
14. TREASURER TELEPHONE			15. TREASURER E-MAIL ADDRESS				
<small>(Include Area Code)</small> 646 324 8250			lobbyreg@everytown.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				
<small>(Include Area Code)</small>							
21. DEPOSITORY INSTITUTION NAME							
Bank of America N.A.							
22. DEPOSITORY INSTITUTION ADDRESS							
Address 100 West 34th Street, New York, NY 10001							

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23. OFFICER NAME		TITLE OR POSITION		
Kathleen McInerney		Officer		
OFFICER RESIDENCE ADDRESS				
Address 909 Third Ave		City New York	State NY	Zip Code 10022
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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24. COMMITTEE SUBTYPE			
<input type="radio"/> Two or More Individuals		<input type="radio"/> Labor Union	
<input type="radio"/> Business Entity		<input checked="" type="radio"/> Other Organization	
25. PURPOSE OF COMMITTEE (Select a single committee purpose under A or B and applicable subtype)			
A. <input type="radio"/> Ongoing (Select subtype) <input type="radio"/> State Elections Only <input type="radio"/> Municipal Elections Only <input type="radio"/> Both		B. <input checked="" type="radio"/> Durational (Select subtype) <input checked="" type="radio"/> Single Election Date <u>Nov 2018</u> <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 type="radio"/> No <input checked="" type="radio"/> Yes <i>If Yes, Name of Agency</i> <u>New York Board of State Elections</u>			
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			
A. 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. 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.

Tara Paone
07/26/2018

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.

Lori Charlton
07/27/2018

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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