



# SEEC FORM 8

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

Received by SEEC  
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REGISTRATION TYPE
<input type="radio"/> Original
<input checked="" type="radio"/> Amendment/ Biennial with Changes

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>			
ConnCAN Action Fund Independent Committee				CONNCAN AFIC			
<input type="checkbox"/> <b>Previously Registered as Different Committee</b> <small>Name of previous committee (if different from above)</small>							
<b>3. COMMITTEE ADDRESS</b>				<b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>			
Address 31 Trumpet Brook Rd				Email luis.ortiz@50canactionfund.org			
City Waterbury		State CT	Zip Code 06708	Website			
<b>6. CHAIRPERSON NAME</b>							
First Name Subira		MI	Last Name Gordon			Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>				<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>			
Street Address 31 Trumpet Brook Rd				Address			
City Waterbury		State CT	Zip Code 06708	City		State	Zip Code
<b>9. CHAIRPERSON TELEPHONE</b>				<b>10. CHAIRPERSON E-MAIL ADDRESS</b>			
<small>(Include Area Code)</small> 860 933 8100				subira.gordon@50canactionfund.org			
<b>11. TREASURER NAME</b>							
First Name Luis		MI	Last Name Ortiz			Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>				<b>13. TREASURER MAILING ADDRESS (If different)</b>			
Street Address 23 Wildwood Rd Apt 106				Address			
City Groton		State CT	Zip Code 06340	City		State	Zip Code
<b>14. TREASURER TELEPHONE</b>				<b>15. TREASURER E-MAIL ADDRESS</b>			
<small>(Include Area Code)</small> 407 417 1552				luis.ortiz@50canactionfund.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 E-MAIL ADDRESS</b>			
<small>(Include Area Code)</small>							
<b>21. DEPOSITORY INSTITUTION NAME</b>							
Wells Fargo							
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>							
Address 18 Main Street, East Hartford, CT 06118							

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ConnCAN Action Fund Independent Committee		<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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NAME OF COMMITTEE	REGISTRATION TYPE
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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.

Subira Gordon

07/28/2022

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.

Luis Ortiz

07/27/2022

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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NAME OF COMMITTEE	REGISTRATION TYPE
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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.

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 DEPUTY TREASURER SIGNATURE

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 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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