



# SEEC FORM 8

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

Received by SEEC  
11/13/2024 10:50 AM

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

1. NAME OF COMMITTEE				2. ACRONYM	
ACLU of Connecticut Rise PAC					
<input type="checkbox"/> Previously Registered as Different Committee <i>Name of previous committee (if different from above)</i>					
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE		
Address 765 Asylum Ave			Email dmcguire@acluct.org		
City Hartford	State CT	Zip Code 06105	Website acluct.org		
6. CHAIRPERSON NAME					
First Name David		MI J	Last Name McGuire		Suffix
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 176 S Main St			Address		
City West Hartford	State CT	Zip Code 06107	City	State	Zip Code
9. CHAIRPERSON TELEPHONE		10. CHAIRPERSON EMAIL ADDRESS			
<i>(Include Area Code)</i> 860 983 7897		dmcguire@acluct.org			
11. TREASURER NAME					
First Name David		MI J	Last Name McGuire		Suffix
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 176 S Main St			Address		
City West Hartford	State CT	Zip Code 06107	City	State	Zip Code
14. TREASURER TELEPHONE		15. TREASURER EMAIL ADDRESS			
<i>(Include Area Code)</i> 860 983 7897		dmcguire@acluct.org			
16. DEPUTY TREASURER NAME					
First Name Rachel		MI	Last Name Sexton		Suffix
17. DEPUTY TREASURER RESIDENCE ADDRESS			18. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address 54 Madison St			Address		
City New Britain	State CT	Zip Code 06051	City	State	Zip Code
19. DEPUTY TREASURER TELEPHONE		20. DEPUTY TREASURER EMAIL ADDRESS			
<i>(Include Area Code)</i> 617 686 9962		rsexton@acluct.org			
21. DEPOSITORY INSTITUTION NAME					
Webster Bank					
22. DEPOSITORY INSTITUTION ADDRESS					
Address 108 Farmington Avenue, Hartford, CT 06105			City		State Zip Code

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<b>NAME OF COMMITTEE</b>		<b>REGISTRATION TYPE</b>	
ACLU of Connecticut Rise PAC		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
<b>23. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
Gus W Marks-Hamilton		Secretary	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
306 Colt Hwy	Farmington	CT	06032
<b>23A. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23B. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23C. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23D. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23E. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23F. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code
<b>23G. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address	City	State	Zip Code



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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.

David J McGuire 02/26/2024

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 ap-  
pointment 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 pro-hibitions, 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 expendi-tures. 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.

David J McGuire 11/13/2024

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.

**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.

Rachel Sexton

DEPUTY TREASURER SIGNATURE

02/26/2024

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.