



# SEEC FORM 8

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

Received by SEEC  
06/11/2024 10:51 AM

**REGISTRATION TYPE**

- Original
- Amendment/  
Biennial with Changes

|  |  |             |                        |  |  |            |          |
|--|--|-------------|------------------------|--|--|------------|----------|
| <b>1. NAME OF COMMITTEE</b>  |  |             |                        | <b>2. ACRONYM</b>  |  |            |          |
| Working Families for Education Excellence  |  |             |                        | WFEE   |  |            |          |
| <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<br>77 Huyshope Ave   |  |             |                        | Email  |  |            |          |
| City<br>Hartford   |  | State<br>CT | Zip Code<br>06106      | Website  |  |            |          |
| <b>6. CHAIRPERSON NAME</b>   |  |             |                        |  |  |            |          |
| First Name<br>Stacey   |  | MI<br>      | Last Name<br>Zimmerman |  |  | Suffix<br> |          |
| <b>7. CHAIRPERSON RESIDENCE ADDRESS</b>  |  |             |                        | <b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>       |  |            |          |
| Street Address<br>39 Greenview Rd  |  |             |                        | Address  |  |            |          |
| City<br>New Milford  |  | State<br>CT | Zip Code<br>06776-46   | City   |  | State      | Zip Code |
| <b>9. CHAIRPERSON TELEPHONE</b>  |  |             |                        | <b>10. CHAIRPERSON E-MAIL ADDRESS</b>                      |  |            |          |
| <small>(Include Area Code)</small><br>203 733 0173   |  |             |                        | staceyseiu@gmail.com                                       |  |            |          |
| <b>11. TREASURER NAME</b>  |  |             |                        |  |  |            |          |
| First Name<br>Lindsay  |  | MI<br>S     | Last Name<br>Farrell   |  |  | Suffix<br> |          |
| <b>12. TREASURER RESIDENCE ADDRESS</b>   |  |             |                        | <b>13. TREASURER MAILING ADDRESS (If different)</b>        |  |            |          |
| Street Address<br>169 Still Rd   |  |             |                        | Address  |  |            |          |
| City<br>West Hartford  |  | State<br>CT | Zip Code<br>06117      | City   |  | State      | Zip Code |
| <b>14. TREASURER TELEPHONE</b>   |  |             |                        | <b>15. TREASURER E-MAIL ADDRESS</b>                        |  |            |          |
| <small>(Include Area Code)</small><br>203 278 2828   |  |             |                        | lfarrell@workingfamilies.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>   |  |             |                        |  |  |            |          |
| TD Bank  |  |             |                        |  |  |            |          |
| <b>22. DEPOSITORY INSTITUTION ADDRESS</b>  |  |             |                        |  |  |            |          |
| Address<br>319 North Main Street, West Hartford CT 06117   |  |             |                        |  |  |            |          |

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| NAME OF COMMITTEE                         |  | REGISTRATION TYPE  |       |          |
|---|--|--|-------|----------|
| Working Families for Education Excellence |  | <input checked="" type="radio"/> Original <input 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  |
|---|--|
| Working Families for Education Excellence | <input checked="" type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes |

**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.

Stacey Zimmerman

06/11/2024

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.

**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.

Lindsay S Farrell

06/11/2024

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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|---|--|
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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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