



SEEC FORM 8

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

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REGISTRATION TYPE

- Original
- Amendment/
Biennial with Changes

1. NAME OF COMMITTEE				2. ACRONYM			
Yes for Safe and Accessible Democracy				YFSAAD			
<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 139 Orange St Fl 4				Email actionfund@ctproject.org			
City New Haven		State CT	Zip Code 06510	Website			
6. CHAIRPERSON NAME							
First Name Garth		MI	Last Name Harries			Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS				8. CHAIRPERSON MAILING ADDRESS (If different)			
Street Address 136 Lounsbury Rd				Address 139 Orange St Fl 4			
City Ridgefield		State CT	Zip Code 06877	City New Haven		State CT	Zip Code 06510
9. CHAIRPERSON TELEPHONE				10. CHAIRPERSON E-MAIL ADDRESS			
<small>(Include Area Code)</small> 203 533 7171				actionfund@ctproject.org			
11. TREASURER NAME							
First Name Melvin		MI J	Last Name Medina			Suffix	
12. TREASURER RESIDENCE ADDRESS				13. TREASURER MAILING ADDRESS (If different)			
Street Address 9 Dickinson Dr				Address 139 Orange St Fl 4			
City Woodbridge		State CT	Zip Code 06525	City New Haven		State CT	Zip Code 06510
14. TREASURER TELEPHONE				15. TREASURER E-MAIL ADDRESS			
<small>(Include Area Code)</small> 203 533 7171				actionfund@ctproject.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							
JP Morgan Chase							
22. DEPOSITORY INSTITUTION ADDRESS							
Address 1460 State St., Bridgeport, CT 06605							

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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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Yes for Safe and Accessible Democracy		<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)			
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 type="radio"/> Single Election Date _____ <input type="radio"/> Single Referendum Date _____ <input type="radio"/> Single Primary Date _____ <input checked="" type="radio"/> Constitutional Amendment Date <u>Nov 5, 2024</u>	
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 Connecticut No-Excuse Absentee Voting Amendment.		<input checked="" 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 type="radio"/> No <input checked="" type="radio"/> Yes <i>If Yes, Name of Registered Lobbyist</i> _____ Melvin Medina		<input type="checkbox"/> See Addendum <input type="radio"/> Client Lobbyist <input checked="" 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 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			
A. Is this Political Committee authorized to make expenditures for the benefit of candidates for Statewide Office? <input checked="" type="radio"/> No <input type="radio"/> Yes		B. Is this Political Committee authorized to make expenditures for the benefit of candidates for General Assembly? <input checked="" type="radio"/> No <input 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.

Garth Harries 08/13/2024

 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.

Melvin J Medina 08/13/2024

 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.

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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