SEEC FORM 3

Political Committee (PAC) Registration
STATE ELECTIONS ENFORCEMENT COMMISSION
Revised 2024

Received by SEEC

01/06/2025 12:01 AM

REGISTRATION TYPE
- ○ Original
- ◉ Amendment/ Biennial with Changes

1. NAME OF COMMITTEE	2. ACRONYM
CT Realtors PAC	

3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE
Address: 90 State House Sq Ste 1120			Email: rpac@ctrealtors.com
City: Hartford	State: CT	Zip Code: 06103	Website:

6. CHAIRPERSON NAME			
First Name: Joseph	MI: S	Last Name: Stafford	Suffix:

7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS *(If different)*		
Street Address: 48 Claybar Dr			Address: 90 State House Sq Ste 1120		
City: West Hartford	State: CT	Zip Code: 06117	City: Hartford	State: CT	Zip Code: 06103

9. CHAIRPERSON TELEPHONE	10. CHAIRPERSON E-MAIL ADDRESS
(Include Area Code) 860 523 4261	jstafre@cs.com

11. TREASURER NAME			
First Name: Joseph	MI: S	Last Name: Stafford	Suffix:

12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS *(If different)*		
Street Address: 48 Claybar Dr			Address: 90 State House Sq Ste 1120		
City: West Hartford	State: CT	Zip Code: 06117	City: Hartford	State: CT	Zip Code: 06103

14. TREASURER TELEPHONE	15. TREASURER E-MAIL ADDRESS
(Include Area Code) 860 523 4261	jstafre@cs.com

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
(Include Area Code)	

21. DEPOSITORY INSTITUTION NAME
Bank of America, N.A.

22. DEPOSITORY INSTITUTION ADDRESS			
Address: 157 Church St., New Haven, CT 06510	City:	State:	Zip Code:

Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	○ Original ◉ Amendment/ Biennial with Changes

23. OFFICER NAME		TITLE OR POSITION
Stacey	Loh	Trustee

OFFICER RESIDENCE ADDRESS			
Address: 40 E Elm St	City: Greenwich	State: CT	Zip Code: 06830

23A. OFFICER NAME		TITLE OR POSITION
Daniel	Keune	Trustee

OFFICER RESIDENCE ADDRESS			
Address: 335 Somers Rd	City: Ellington	State: CT	Zip Code: 06029

23B. OFFICER NAME		TITLE OR POSITION
Carl	Lantz	Trustee

OFFICER RESIDENCE ADDRESS			
Address: 35 N Quaker Ln	City: West Hartford	State: CT	Zip Code: 06119

23C. OFFICER NAME		TITLE OR POSITION
Marilyn	Lusher	Trustee

OFFICER RESIDENCE ADDRESS			
Address: 6 Williamsburg Dr	City: Waterford	State: CT	Zip Code: 06385

23D. OFFICER NAME		TITLE OR POSITION
Steven	Miller	Trustee

OFFICER RESIDENCE ADDRESS			
Address: 11 Saint John St # D-10	City: North Haven	State: CT	Zip Code: 06473

23E. OFFICER NAME		TITLE OR POSITION
Joanne	Breen	Trustee

OFFICER RESIDENCE ADDRESS			
Address: 4 Pelton Ave	City: Old Saybrook	State: CT	Zip Code: 06475

23F. OFFICER NAME		TITLE OR POSITION
Scott	Cooney	Trustee

OFFICER RESIDENCE ADDRESS			
Address: 17 Wooster Hts	City: Danbury	State: CT	Zip Code: 06810-7

23G. OFFICER NAME		TITLE OR POSITION
Michael	Barbaro	Trustee

OFFICER RESIDENCE ADDRESS			
Address: 75 Cove St	City: New Haven	State: CT	Zip Code: 06512-4

NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	○ Original ◉ Amendment/ Biennial with Changes

24. COMMITTEE SUBTYPE *(Select a single committee subtype under A or B. If you check B, you must also check one of four caucus subtypes)*

A. ○ Two or More Individuals ○ Two or More Committees (*Event(s)*) ◉ Business Entity ○ Labor Union ○ Other Organization ○ Legislative Leadership

B. ☐ Legislative Caucus *(Select subtype)* ○ Senate Democrats ○ House Democrats ○ Senate Republicans ○ House Republicans

25. PURPOSE OF COMMITTEE *(Select a single committee purpose under A or B and applicable subtype)*

A. ◉ **Ongoing** *(Select subtype)* ○ State Elections Only ○ Municipal Elections Only ◉ Both

B. ○ **Durational** *(Select subtype)* ○ Single Election Date _____ ○ Single Referendum Date _____ ○ Single Primary Date _____ ○ Constitutional Amendment Date _____ ○ Single Candidate ○ Event(s) *(Names of Participating Committees)* _____ ○ Political Slate Committee _____

26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY

Brief description of subject matter of Referendum Question or Constitutional Amendment

27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT

○ Support ○ Oppose

28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY ☐ *See Addendum*

Position	Name of Candidate(s)	Office(s) Sought	Party Designation
○ Support ○ Oppose			

29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY

Entity Name	Address	City	State	Zip Code
Connecticut Association of REAL	90 State House Sq Ste 1120	Hartford	CT	0610

29a. IF THE COMMITTEE IS ESTABLISHED BY A PERSON OTHER THAN A HUMAN BEING, IS THAT PERSON MAKING THE EXPENDITURE A FOREIGN NATIONAL?

◉ No ○ Yes

30. HOW WILL FUNDS BE RECEIVED?

Committees formed by a Labor Union or Other Organization ONLY

○ Treasury ○ Voluntary Member Contributions

31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY

(i.e. AFL-CIO, AFSCME, CBIA, etc.) ◉ No ○ Yes *(Name & Address)* _____

32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST? ☐ *See Addendum*

○ No ◉ Yes If Yes, Name of Registered Lobbyist Connecticut Association of REALTORS, Inc.

◉ Client Lobbyist ○ Communicator Lobbyist ○ Both

33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?

◉ No ○ Yes If Yes, Name of Official Member _____ ☐ *See Addendum*

34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?

○ No ○ Yes If Yes, District Number _____

35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?

○ No ○ Yes If Yes, District Number _____

NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	○ Original ◉ Amendment/ Biennial with Changes

36. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?

◉ No ○ Yes If Yes, Name of Agency

37. HAS A CONTRIBUTION OR DISBURSEMENT BEEN MADE PRIOR TO THIS REGISTRATION STATEMENT?

○ No ○ Yes If Yes, see instructions for additional filing requirements.

38. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?

◉ No ○ Yes If Yes, Name of Contractor or Principal ☐ *See Addendum*

39. PURPOSE OF COMMITTEE AS TO STATEWIDE & GENERAL ASSEMBLY CANDIDATES

A. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for Statewide Office?

○ No ◉ Yes

B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly?

○ No ◉ Yes

40. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?

◉ No ○ Yes If Yes, Name of Principal ☐ *See Addendum*

41. 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, 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. 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.

Joseph S Stafford — CHAIRPERSON SIGNATURE

01/03/2025 — 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 20 complete as to the committee's first day of receiving contributions or distributions benefiting the committee or that I understand that I shall become obligated to file the committee's first SEEC FORM 20 within 48 hours after receiving the committee's first contribution or distribution. 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 expenditures. 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. 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.

Joseph S Stafford — TREASURER SIGNATURE

01/03/2025 — DATE (mm/dd/yyyy)

NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	○ Original ◉ Amendment/ Biennial with Changes

41. 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. 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 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. 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 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. 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.

DEPUTY TREASURER SIGNATURE

DATE (mm/dd/yyyy)

42. CERTIFICATION FOR LEGISLATIVE LEADERSHIP COMMITTEES ONLY

Legislative Leader

I hereby certify and state, under penalties of false statement, that this political committee has been designated by me, a General Assembly Leader, as a Legislative Leadership Committee, in accordance with Section 9-605(e)(3) of the Connecticut General Statutes.

LEGISLATIVE LEADER SIGNATURE

DATE (mm/dd/yyyy)

ADDITIONAL PAGES FOR SEEC FORM 3

If additional pages are needed to complete all information required in Sections 23, 27, 31, 32, 37 and 39 of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the SEEC Form 3.

SEEC FORM 3A
Revised September 2024

ADDITIONAL SECTION 23
SEEC FORM 3

NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	○ Original ◉ Amendment/ Biennial with Changes

23H. OFFICER NAME		TITLE OR POSITION
Augustus	Ryer	Trustee

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
13 Sunset Ln	Ridgefield	CT	06877

23I. OFFICER NAME		TITLE OR POSITION
Mary Ann	Hebert	Trustee

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
114 Periwinkle Dr	Middlebury	CT	06762

23J. OFFICER NAME		TITLE OR POSITION
Gayle	Dennehy	Trustee

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
28 Perron Rd	Plainville	CT	06062

23K. OFFICER NAME		TITLE OR POSITION
Alexandria	Kebalo	Trustee

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
75 Cove St	New Haven	CT	06512-4

23L. OFFICER NAME		TITLE OR POSITION
robert	morey	Trustee

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
75 Cove St	New Haven	CT	06512-4

23M. OFFICER NAME		TITLE OR POSITION

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
75 Cove St	New Haven	CT	06512-4

23N. OFFICER NAME		TITLE OR POSITION
	Barbaro	Trustee

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
75 Cove St	New Haven	CT	06512-4

23O. OFFICER NAME		TITLE OR POSITION
Michael		

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
75 Cove St	New Haven	CT	06512-4

SEEC FORM 3B
Revised September 2024

ADDITIONAL SECTION 28
SEEC FORM 3

NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	○ Original ◉ Amendment/ Biennial with Changes

28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY

Position	Name of Candidate	Office Sought	Party Designation
○ Support ○ Oppose			
○ Support ○ Oppose			
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SEEC FORM 3C
Revised September 2024

ADDITIONAL SECTION 32
TO SEEC FORM 3

NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	○ Original ◉ Amendment/ Biennial with Changes

32. COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST

Name of Registered Lobbyist	Client Lobbyist	Communicator Lobbyist	Both
Connecticut Association of REALTORS, Inc.	○	○	○
	○	○	○
	○	○	○
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SEEC FORM 3D
Revised September 2024

ADDITIONAL SECTION 33 TO SEEC FORM 3

NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	○ Original ◉ Amendment/ Biennial with Changes

33 COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF

Name of Member of Official
Name of Member of Official
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SEEC FORM 3E
Revised September 2024

ADDITIONAL SECTION 38
TO SEEC FORM 3

NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	○ Original ◉ Amendment/ Biennial with Changes

38. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR

Name of Principal
Name of Principal
Name of Principal
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SEEC FORM 3F
Revised September 2024

ADDITIONAL SECTION 40
TO SEEC FORM 3

NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	○ Original ◉ Amendment/ Biennial with Changes

40. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM

Name of Principal
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