



# SEEC FORM 3

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

Received by SEEC

01/12/2026 03:20 PM

**REGISTRATION TYPE**

- Original
- Amendment/  
Biennial with Changes

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>			
CT Realtors PAC							
<b>3. COMMITTEE ADDRESS</b>				<b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>			
Address 90 State House Sq Ste 1120				Email rpac@ctrealtors.com			
City Hartford		State CT	Zip Code 06103	Website			
<b>6. CHAIRPERSON NAME</b>							
First Name Joseph		MI S	Last Name Stafford			Suffix	
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>				<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>			
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
<b>9. CHAIRPERSON TELEPHONE</b>				<b>10. CHAIRPERSON E-MAIL ADDRESS</b>			
(Include Area Code) 860 523 4261				jstafre@cs.com			
<b>11. TREASURER NAME</b>							
First Name Joseph		MI S	Last Name Stafford			Suffix	
<b>12. TREASURER RESIDENCE ADDRESS</b>				<b>13. TREASURER MAILING ADDRESS (If different)</b>			
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
<b>14. TREASURER TELEPHONE</b>				<b>15. TREASURER E-MAIL ADDRESS</b>			
(Include Area Code) 860 523 4261				jstafre@cs.com			
<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>			
(Include Area Code)							
<b>21. DEPOSITORY INSTITUTION NAME</b>							
Bank of America, N.A.							
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>							
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		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
Stacey Loh		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
40 E Elm St	Greenwich	CT	06830
23A. OFFICER NAME		TITLE OR POSITION	
Daniel Keune		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
335 Somers Rd	Ellington	CT	06029
23B. OFFICER NAME		TITLE OR POSITION	
Marilyn Lusher		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
6 Williamsburg Dr	Waterford	CT	06385
23C. OFFICER NAME		TITLE OR POSITION	
Steven Miller		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
11 Saint John St # D-10	North Haven	CT	06473
23D. OFFICER NAME		TITLE OR POSITION	
Joanne Breen		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
4 Pelton Ave	Old Saybrook	CT	06475
23E. OFFICER NAME		TITLE OR POSITION	
Scott Cooney		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
17 Wooster Hts	Danbury	CT	06810-7
23F. OFFICER NAME		TITLE OR POSITION	
Augustus Ryer		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
13 Sunset Ln	Ridgefield	CT	06877
23G. OFFICER NAME		TITLE OR POSITION	
Alexandria Kebalo		Trustee	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
12 Green St	Ellington	CT	06029-3



NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	<input type="radio"/> Original <input checked="" type="radio"/> 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**

<p><b>A. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for Statewide Office?</b></p> <p style="text-align: right;"> <input type="radio"/> No    <input checked="" type="radio"/> Yes                 </p>	<p><b>B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly?</b></p> <p style="text-align: right;"> <input type="radio"/> No    <input checked="" type="radio"/> Yes                 </p>
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**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
 

01/08/2026  
 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
 

01/08/2026  
 DATE (mm/dd/yyyy)

NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	<input type="radio"/> Original <input checked="" type="radio"/> 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.

<b>NAME OF COMMITTEE</b>		<b>REGISTRATION TYPE</b>		
CT Realtors PAC		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes		
<b>23H. OFFICER NAME</b>		<b>TITLE OR POSITION</b>		
robert morey		Trustee		
<b>OFFICER RESIDENCE ADDRESS</b>				
Address 42 Boulevard R-1		City Newtown	State CT	Zip Code 06470
<b>23I. OFFICER NAME</b>		<b>TITLE OR POSITION</b>		
Justin Bette		Trustee		
<b>OFFICER RESIDENCE ADDRESS</b>				
Address 234 S Britain Rd		City Southbury	State CT	Zip Code 06488
<b>23J. OFFICER NAME</b>		<b>TITLE OR POSITION</b>		
Carol Christiansen		Trustee		
<b>OFFICER RESIDENCE ADDRESS</b>				
Address 29 Quakertown Mdw		City Ledyard	State CT	Zip Code 06339
<b>23K. OFFICER NAME</b>		<b>TITLE OR POSITION</b>		
David Gallitto		Trustee		
<b>OFFICER RESIDENCE ADDRESS</b>				
Address 12 Green St		City Ellington	State CT	Zip Code 06029-3
<b>23L. OFFICER NAME</b>		<b>TITLE OR POSITION</b>		
Bryan Tunney		Trustee		
<b>OFFICER RESIDENCE ADDRESS</b>				
Address 12 Green St		City Ellington	State CT	Zip Code 06029-3
<b>23M. OFFICER NAME</b>		<b>TITLE OR POSITION</b>		
<b>OFFICER RESIDENCE ADDRESS</b>				
Address 12 Green St		City Ellington	State CT	Zip Code 06029-3
<b>23N. OFFICER NAME</b>		<b>TITLE OR POSITION</b>		
Kebalo		Trustee		
<b>OFFICER RESIDENCE ADDRESS</b>				
Address 12 Green St		City Ellington	State CT	Zip Code 06029-3
<b>23O. OFFICER NAME</b>		<b>TITLE OR POSITION</b>		
Alexandria				
<b>OFFICER RESIDENCE ADDRESS</b>				
Address 12 Green St		City Ellington	State CT	Zip Code 06029-3



NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes

**32. COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST**

Name of Registered Lobbyist <b>Connecticut Association of REALTORS, Inc.</b>	<input type="radio"/> Client Lobbyist	<input type="radio"/> Communicator Lobbyist	<input type="radio"/> Both
Name of Registered Lobbyist	<input type="radio"/> Client Lobbyist	<input type="radio"/> Communicator Lobbyist	<input type="radio"/> Both
Name of Registered Lobbyist	<input type="radio"/> Client Lobbyist	<input type="radio"/> Communicator Lobbyist	<input type="radio"/> Both
Name of Registered Lobbyist	<input type="radio"/> Client Lobbyist	<input type="radio"/> Communicator Lobbyist	<input type="radio"/> Both
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Name of Registered Lobbyist	<input type="radio"/> Client Lobbyist	<input type="radio"/> Communicator Lobbyist	<input type="radio"/> Both
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Name of Registered Lobbyist	<input type="radio"/> Client Lobbyist	<input checked="" type="radio"/> Communicator Lobbyist	<input type="radio"/> Both

NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes
<b>33 COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF</b>	
Name of Member of Official	
Name of Member of Official	
Name of Member of Official	
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NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	<input type="radio"/> Original <input checked="" type="radio"/> 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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NAME OF COMMITTEE	REGISTRATION TYPE
CT Realtors PAC	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes
<b>40. COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM</b>	
Name of Principal	
Name of Principal	
Name of Principal	
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