SEEC FORM 3

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

Received by SEEC

11/14/2024 09:48 AM

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

1. NAME OF COMMITTEE	2. ACRONYM
CT Voters First PAC	CTVF

3. COMMITTEE ADDRESS

Address: 100 Water St

City: Stonington | State: CT | Zip Code: 06378-1

4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE

Email: scott.w.muller@gmail.com

Website:

6. CHAIRPERSON NAME

First Name: Scott | MI: W | Last Name: Muller | Suffix:

7. CHAIRPERSON RESIDENCE ADDRESS

Street Address: 100 Water St

City: Stonington | State: CT | Zip Code: 06378-1

8. CHAIRPERSON MAILING ADDRESS *(If different)*

Address: | City: | State: | Zip Code:

9. CHAIRPERSON TELEPHONE

(Include Area Code) 646 509 0079

10. CHAIRPERSON E-MAIL ADDRESS

Scott.W.Muller@gmail.com

11. TREASURER NAME

First Name: Monte | MI: | Last Name: Frank | Suffix:

12. TREASURER RESIDENCE ADDRESS

Street Address: 517 Boston Neck Rd

City: Suffield | State: CT | Zip Code: 06078

13. TREASURER MAILING ADDRESS *(If different)*

Address: | City: | State: | Zip Code:

14. TREASURER TELEPHONE

(Include Area Code) 203 512 1317

15. TREASURER E-MAIL ADDRESS

MonteFrank68@gmail.com

16. DEPUTY TREASURER NAME

First Name: | MI: | Last Name: | Suffix:

17. DEPUTY TREASURER RESIDENCE ADDRESS

Street Address:

City: | State: | Zip Code:

18. DEPUTY TREASURER MAILING ADDRESS *(If different)*

Address: | City: | State: | Zip Code:

19. DEPUTY TREASURER TELEPHONE

(Include Area Code)

20. DEPUTY TREASURER E-MAIL ADDRESS

21. DEPOSITORY INSTITUTION NAME

M&T Bank

22. DEPOSITORY INSTITUTION ADDRESS

Address: 1 Financail Plaza, Hartford, CT 06103 | 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 Voters First PAC	○ Original ◉ 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

NAME OF COMMITTEE	REGISTRATION TYPE
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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 ○ Labor Union
○ Two or More Committees (*Event(s)*) ○ Other Organization
○ Business Entity ○ 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	27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT
Brief description of subject matter of 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

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?	31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY
Committees formed by a Labor Union or Other Organization ONLY ○ Treasury ○ Voluntary Member Contributions	*(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 Sam Advocacy(DBA CT Voters First)
◉ 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 ?	35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?
◉ No ○ Yes If Yes, District Number _____	◉ No ○ Yes If Yes, District Number _____

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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.

Scott W Muller — CHAIRPERSON SIGNATURE

04/04/2024 — 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.

Monte Frank — TREASURER SIGNATURE

11/14/2024 — DATE (mm/dd/yyyy)

NAME OF COMMITTEE	REGISTRATION TYPE
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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.

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.

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.

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.